

# Montana Medicaid - Fee Schedule

## Oral Surgeon

### Definitions:

July 1, 2005

**Modifier** – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination.

For example:

26 = professional component

TC = technical component

**Description** – Procedure code short description. You must refer to the appropriate official CPT-4, HCPCS or CDT-5 coding manual for complete definitions in order to assure correct coding.

**Effective** – This is the first date of service for which the listed fee is applicable. Fees for drugs, radiopharmaceuticals, blood products, immune globins, vaccines, and toxoids are reviewed and updated quarterly -- effective dates that are greater than three months old indicate that there has been no fee change since that date.

**Method** – Source of fee determination

**Fee Sched:** Medicaid fee; not determined using RBRVS payment schedule

**Medicare:** Medicare-prevailing fee.

**By Report (BR):** Equals 43% of billed charges

**Anes Value:** Number of anesthesia base value units. This is added to the 15 min. time increment units and multiplied by the anesthesia conversion factor of \$26.07.

**RBRVS:** Based on Medicare Relative Value Units (RVU's) x Montana Medicaid conversion factor x policy adjuster. Conversion factor for fiscal year 2005 is \$32.59.

**\*If a valid, current code is not present, that code may be a non-covered service**

**Fees** The facility rate is paid to physicians/practitioners providing services in a hospital, emergency room, or ambulatory surgery center site of service. All other sites of service receive the office rate. Procedures not normally done in the office are shown with the same facility rate, while those done in both locations have different rates. Bundled services, which are covered but paid as part of a related service, are shown with an RBRVS method and a fee of \$0.00. Policy adjustments are applied to certain codes to increase or decrease reimbursement for the service.

**Global Days** – Global surgery indicator. Global surgery periods are pre- and post-operative time frames assigned to surgical procedures.

**000:** Same day as procedure

**010:** Same day and ten days following procedure

**090:** One day prior to and ninety days following procedure

**MMM:** In maternity cases, the global period is per the CPT-4 code description

**ZZZ:** Add-on code, global period does not apply. An add-on code must be billed with its associated primary code

**Space:** Global concept does not apply to this code

**PA** – Prior Authorization

**Y:** Prior authorization is required

**Space** - this indicator does not apply to this code

### Indicators

**Mult** - Multiple surgery guidelines do apply

**Bilat** - Bilateral. The procedure can be done bilaterally

**Assist** - Assistant. An assistant is allowed for this procedure

**Co-Surg** - Co-Surgery. A co-surgeon is allowed for this procedure

**Team** - A team of surgeons is allowed for this procedure

**Related** - The procedure code listed is separately billable

**Y** - indicator is applicable to this code

**Space** - this indicator does not apply to this code

**Policy Adjust** - M = Maternity, P = Mental Health, D = Profess. Differential

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Proc	Mod	Description	Effective	Method	Fees		Global Days	PA	Mult	Bilat	Indicators		Team	Policy Adjust
					Office	Facility					Assist	CoSurg		
A4550		SURGICAL TRAYS	7/1/2003	RBRVS	\$0.00	\$0.00	XXX							
D0120		PERIODIC ORAL EVALUATION	7/1/2005	FEE SCHED	\$15.24	\$0.00								
D0120	EP	PERIODIC ORAL EVALUATION	7/1/2005	FEE SCHED	\$19.81	\$0.00								
D0140		LIMIT ORAL EVAL PROBLM FOCUS	7/1/2005	FEE SCHED	\$21.77	\$0.00								
D0140	EP	LIMIT ORAL EVAL PROBLM FOCUS	7/1/2005	FEE SCHED	\$28.30	\$0.00								
D0150		COMPREHENSVE ORAL EVALUATION	7/1/2005	FEE SCHED	\$21.77	\$0.00								
D0150	EP	COMPREHENSVE ORAL EVALUATION	7/1/2005	FEE SCHED	\$28.30	\$0.00								
D0210		INTRAOR COMPLETE FILM SERIES	7/1/2005	FEE SCHED	\$43.54	\$0.00								
D0210	EP	INTRAOR COMPLETE FILM SERIES	7/1/2005	FEE SCHED	\$56.60	\$0.00								
D0220		INTRAORAL PERIAPICAL FIRST F	7/1/2005	FEE SCHED	\$10.89	\$0.00								
D0220	EP	INTRAORAL PERIAPICAL FIRST F	7/1/2005	FEE SCHED	\$14.15	\$0.00								
D0230		INTRAORAL PERIAPICAL EA ADD	7/1/2005	FEE SCHED	\$5.44	\$0.00								
D0230	EP	INTRAORAL PERIAPICAL EA ADD	7/1/2005	FEE SCHED	\$7.08	\$0.00								
D0240		INTRAORAL OCCLUSAL FILM	7/1/2005	FEE SCHED	\$13.06	\$0.00								
D0240	EP	INTRAORAL OCCLUSAL FILM	7/1/2005	FEE SCHED	\$16.98	\$0.00								
D0250		EXTRAORAL FIRST FILM	7/1/2005	FEE SCHED	\$21.77	\$0.00								
D0250	EP	EXTRAORAL FIRST FILM	7/1/2005	FEE SCHED	\$28.30	\$0.00								
D0260		EXTRAORAL EA ADDITIONAL FILM	7/1/2005	FEE SCHED	\$15.24	\$0.00								
D0260	EP	EXTRAORAL EA ADDITIONAL FILM	7/1/2005	FEE SCHED	\$19.81	\$0.00								
D0270		DENTAL BITEWING SINGLE FILM	7/1/2005	FEE SCHED	\$10.89	\$0.00								
D0270	EP	DENTAL BITEWING SINGLE FILM	7/1/2005	FEE SCHED	\$14.15	\$0.00								
D0272		DENTAL BITEWINGS TWO FILMS	7/1/2005	FEE SCHED	\$13.06	\$0.00								
D0272	EP	DENTAL BITEWINGS TWO FILMS	7/1/2005	FEE SCHED	\$16.98	\$0.00								
D0274		DENTAL BITEWINGS FOUR FILMS	7/1/2005	FEE SCHED	\$21.77	\$0.00								
D0274	EP	DENTAL BITEWINGS FOUR FILMS	7/1/2005	FEE SCHED	\$28.30	\$0.00								
D0277		VERT BITEWINGS-SEV TO EIGHT	7/1/2005	FEE SCHED	\$26.12	\$0.00								
D0277	EP	VERT BITEWINGS-SEV TO EIGHT	7/1/2005	FEE SCHED	\$33.96	\$0.00								
D0330		DENTAL PANORAMIC FILM	7/1/2005	FEE SCHED	\$34.83	\$0.00								
D0330	EP	DENTAL PANORAMIC FILM	7/1/2005	FEE SCHED	\$45.28	\$0.00								
D0340		DENTAL CEPHALOMETRIC FILM	7/1/2005	FEE SCHED	\$43.54	\$0.00								
D0340	EP	DENTAL CEPHALOMETRIC FILM	7/1/2005	FEE SCHED	\$56.60	\$0.00								
D0350		ORAL/FACIAL PHOTO IMAGES	7/1/2005	FEE SCHED	\$21.77	\$0.00								
D0350	EP	ORAL/FACIAL IMAGES	7/1/2005	FEE SCHED	\$28.30	\$0.00								
D0460		PULP VITALITY TEST	7/1/2005	FEE SCHED	\$17.42	\$0.00								
D0460	EP	PULP VITALITY TEST	7/1/2005	FEE SCHED	\$22.64	\$0.00								
D0470		DIAGNOSTIC CASTS	7/1/2005	FEE SCHED	\$27.21	\$0.00								
D0470	EP	DIAGNOSTIC CASTS	7/1/2005	FEE SCHED	\$35.38	\$0.00								
D1110		DENTAL PROPHYLAXIS ADULT	7/1/2005	FEE SCHED	\$32.66	\$0.00								
D1110	EP	DENTAL PROPHYLAXIS ADULT	7/1/2005	FEE SCHED	\$42.45	\$0.00								
D1120		DENTAL PROPHYLAXIS CHILD	7/1/2005	FEE SCHED	\$21.77	\$0.00								
D1120	EP	DENTAL PROPHYLAXIS CHILD	7/1/2005	FEE SCHED	\$28.30	\$0.00								
D1201		TOPICAL FLUOR W PROPHY CHILD	7/1/2005	FEE SCHED	\$27.21	\$0.00								
D1201	EP	TOPICAL FLUOR W PROPHY CHILD	7/1/2005	FEE SCHED	\$35.38	\$0.00								
D1203		TOPICAL FLUOR W/O PROPHY CHI	7/1/2005	FEE SCHED	\$10.89	\$0.00								
D1203	EP	TOPICAL FLUOR W/O PROPHY CHI	7/1/2005	FEE SCHED	\$14.15	\$0.00								
D1205		TOPICAL FLUORIDE W/ PROPHY A	7/1/2005	FEE SCHED	\$43.54	\$0.00								

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Proc	Mod	Description	Effective	Method	Office	Facility	Days	PA	Mult	Bilat	Assist	CoSurg	Team	Adjust
D1205	EP	TOPICAL FLUORIDE W/ PROPHY A	7/1/2005	FEE SCHED	\$56.60	\$0.00								
D1351		DENTAL SEALANT PER TOOTH	7/1/2005	FEE SCHED	\$17.42	\$0.00								
D1351	EP	DENTAL SEALANT PER TOOTH	7/1/2005	FEE SCHED	\$22.64	\$0.00								
D1510		SPACE MAINTAINER FXD UNILAT	7/1/2005	FEE SCHED	\$87.08	\$0.00								
D1510	EP	SPACE MAINTAINER FXD UNILAT	7/1/2005	FEE SCHED	\$113.20	\$0.00								
D1515		FIXED BILAT SPACE MAINTAINER	7/1/2005	FEE SCHED	\$130.62	\$0.00								
D1515	EP	FIXED BILAT SPACE MAINTAINER	7/1/2005	FEE SCHED	\$169.80	\$0.00								
D1550		RECEMENT SPACE MAINTAINER	7/1/2005	FEE SCHED	\$26.12	\$0.00								
D1550	EP	RECEMENT SPACE MAINTAINER	7/1/2005	FEE SCHED	\$33.96	\$0.00								
D2140		AMALGAM ONE SURFACE PERMANEN	7/1/2005	FEE SCHED	\$43.54	\$0.00								
D2140	EP	AMALGAM ONE SURFACE PERMANEN	7/1/2005	FEE SCHED	\$56.60	\$0.00								
D2150		AMALGAM TWO SURFACES PERMANE	7/1/2005	FEE SCHED	\$47.89	\$0.00								
D2150	EP	AMALGAM TWO SURFACES PERMANE	7/1/2005	FEE SCHED	\$62.26	\$0.00								
D2160		AMALGAM THREE SURFACES PERMA	7/1/2005	FEE SCHED	\$58.78	\$0.00								
D2160	EP	AMALGAM THREE SURFACES PERMA	7/1/2005	FEE SCHED	\$76.41	\$0.00								
D2161		AMALGAM 4 OR > SURFACES PERM	7/1/2005	FEE SCHED	\$71.84	\$0.00								
D2161	EP	AMALGAM 4 OR > SURFACES PERM	7/1/2005	FEE SCHED	\$93.39	\$0.00								
D2330		RESIN ONE SURFACE-ANTERIOR	7/1/2005	FEE SCHED	\$43.54	\$0.00								
D2330	EP	RESIN ONE SURFACE-ANTERIOR	7/1/2005	FEE SCHED	\$56.60	\$0.00								
D2331		RESIN TWO SURFACES-ANTERIOR	7/1/2005	FEE SCHED	\$65.31	\$0.00								
D2331	EP	RESIN TWO SURFACES-ANTERIOR	7/1/2005	FEE SCHED	\$84.90	\$0.00								
D2332		RESIN THREE SURFACES-ANTERIO	7/1/2005	FEE SCHED	\$76.20	\$0.00								
D2332	EP	RESIN THREE SURFACES-ANTERIO	7/1/2005	FEE SCHED	\$99.05	\$0.00								
D2335		RESIN 4/> SURF OR W INCIS AN	7/1/2005	FEE SCHED	\$87.08	\$0.00								
D2335	EP	RESIN 4/> SURF OR W INCIS AN	7/1/2005	FEE SCHED	\$113.20	\$0.00								
D2390		ANT RESIN-BASED CMPST CROWN	7/1/2005	FEE SCHED	\$148.04	\$0.00								
D2390	EP	ANT RESIN-BASED CMPST CROWN	7/1/2005	FEE SCHED	\$192.44	\$0.00								
D2391		POST 1 SRFC RESINBASED CMPST	7/1/2005	FEE SCHED	\$43.54	\$0.00								
D2391	EP	POST 1 SRFC RESINBASED CMPST	7/1/2005	FEE SCHED	\$56.60	\$0.00								
D2392		POST 2 SRFC RESINBASED CMPST	7/1/2005	FEE SCHED	\$87.08	\$0.00								
D2392	EP	POST 2 SRFC RESINBASED CMPST	7/1/2005	FEE SCHED	\$113.20	\$0.00								
D2393		POST 3 SRFC RESINBASED CMPST	7/1/2005	FEE SCHED	\$117.56	\$0.00								
D2393	EP	POST 3 SRFC RESINBASED CMPST	7/1/2005	FEE SCHED	\$152.82	\$0.00								
D2394		POST >=4SRFC RESINBASE CMPST	7/1/2005	FEE SCHED	\$124.09	\$0.00								
D2394	EP	POST >=4SRFC RESINBASE CMPST	7/1/2005	FEE SCHED	\$161.31	\$0.00								
D2710		CROWN RESIN-BASED INDIRECT	7/1/2005	FEE SCHED	\$217.70	\$0.00								
D2710	EP	CROWN RESIN LABORATORY	7/1/2005	FEE SCHED	\$283.00	\$0.00								
D2712		CROWN 3/4 RESIN-BASED COMPOS	7/1/2005	BY REPORT	\$0.00	\$0.00								
D2712	EP	CROWN 3/4 RESIN-BASED COMPOS	7/1/2005	BY REPORT	\$0.00	\$0.00								
D2720		CROWN RESIN W/ HIGH NOBLE ME	7/1/2005	FEE SCHED	\$435.40	\$0.00								
D2720	EP	CROWN RESIN W/ HIGH NOBLE ME	7/1/2005	FEE SCHED	\$566.00	\$0.00								
D2721		CROWN RESIN W/ BASE METAL	7/1/2005	FEE SCHED	\$326.55	\$0.00								
D2721	EP	CROWN RESIN W/ BASE METAL	7/1/2005	FEE SCHED	\$424.50	\$0.00								
D2722		CROWN RESIN W/ NOBLE METAL	7/1/2005	FEE SCHED	\$370.09	\$0.00								
D2722	EP	CROWN RESIN W/ NOBLE METAL	7/1/2005	FEE SCHED	\$481.10	\$0.00								
D2740		CROWN PORCELAIN/CERAMIC SUBS	7/1/2005	FEE SCHED	\$435.40	\$0.00								
D2740	EP	CROWN PORCELAIN/CERAMIC SUBS	7/1/2005	FEE SCHED	\$566.00	\$0.00								

Please see first page for a complete description  
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Proc	Mod	Description	Effective	Method	Office	Facility	Days	PA	Mult	Bilat	Assist	CoSurg	Team	Adjust
D2750		CROWN PORCELAIN W/ H NOBLE M	7/1/2005	FEE SCHED	\$478.94	\$0.00								
D2750	EP	CROWN PORCELAIN W/ H NOBLE M	7/1/2005	FEE SCHED	\$622.60	\$0.00								
D2751		CROWN PORCELAIN FUSED BASE M	7/1/2005	FEE SCHED	\$348.32	\$0.00								
D2751	EP	CROWN PORCELAIN FUSED BASE M	7/1/2005	FEE SCHED	\$452.80	\$0.00								
D2752		CROWN PORCELAIN W/ NOBLE MET	7/1/2005	FEE SCHED	\$391.86	\$0.00								
D2752	EP	CROWN PORCELAIN W/ NOBLE MET	7/1/2005	FEE SCHED	\$509.40	\$0.00								
D2780		CROWN 3/4 CAST HI NOBLE MET	7/1/2005	FEE SCHED	\$391.86	\$0.00								
D2780	EP	CROWN 3/4 CAST HI NOBLE MET	7/1/2005	FEE SCHED	\$509.40	\$0.00								
D2781		CROWN 3/4 CAST BASE METAL	7/1/2005	FEE SCHED	\$283.01	\$0.00								
D2781	EP	CROWN 3/4 CAST BASE METAL	7/1/2005	FEE SCHED	\$367.90	\$0.00								
D2782		CROWN 3/4 CAST NOBLE METAL	7/1/2005	FEE SCHED	\$326.55	\$0.00								
D2782	EP	CROWN 3/4 CAST NOBLE METAL	7/1/2005	FEE SCHED	\$424.50	\$0.00								
D2783		CROWN 3/4 PORCELAIN/CERAMIC	7/1/2005	FEE SCHED	\$413.63	\$0.00								
D2783	EP	CROWN 3/4 PORCELAIN/CERAMIC	7/1/2005	FEE SCHED	\$537.70	\$0.00								
D2790		CROWN FULL CAST HIGH NOBLE M	7/1/2005	FEE SCHED	\$413.63	\$0.00								
D2790	EP	CROWN FULL CAST HIGH NOBLE M	7/1/2005	FEE SCHED	\$537.70	\$0.00								
D2791		CROWN FULL CAST BASE METAL	7/1/2005	FEE SCHED	\$304.78	\$0.00								
D2791	EP	CROWN FULL CAST BASE METAL	7/1/2005	FEE SCHED	\$396.20	\$0.00								
D2792		CROWN FULL CAST NOBLE METAL	7/1/2005	FEE SCHED	\$348.32	\$0.00								
D2792	EP	CROWN FULL CAST NOBLE METAL	7/1/2005	FEE SCHED	\$452.80	\$0.00								
D2794		CROWN-TITANIUM	7/1/2005	BY REPORT	\$0.00	\$0.00								
D2794	EP	CROWN-TITANIUM	7/1/2005	BY REPORT	\$0.00	\$0.00								
D2799		PROVISIONAL CROWN	7/1/2005	FEE SCHED	\$217.70	\$0.00								
D2799	EP	PROVISIONAL CROWN	7/1/2005	FEE SCHED	\$283.00	\$0.00								
D2910		RECEMENT INLAY ONLAY OR PART	7/1/2005	FEE SCHED	\$32.66	\$0.00								
D2910	EP	DENTAL RECEMENT INLAY	7/1/2005	FEE SCHED	\$42.45	\$0.00								
D2920		DENTAL RECEMENT CROWN	7/1/2005	FEE SCHED	\$32.66	\$0.00								
D2920	EP	DENTAL RECEMENT CROWN	7/1/2005	FEE SCHED	\$42.45	\$0.00								
D2930		PREFAB STNLSS STEEL CRWN PRI	7/1/2005	FEE SCHED	\$87.08	\$0.00								
D2930	EP	PREFAB STNLSS STEEL CRWN PRI	7/1/2005	FEE SCHED	\$113.20	\$0.00								
D2931		PREFAB STNLSS STEEL CROWN PE	7/1/2005	FEE SCHED	\$130.62	\$0.00								
D2931	EP	PREFAB STNLSS STEEL CROWN PE	7/1/2005	FEE SCHED	\$169.80	\$0.00								
D2932		PREFABRICATED RESIN CROWN	7/1/2005	FEE SCHED	\$104.50	\$0.00								
D2932	EP	PREFABRICATED RESIN CROWN	7/1/2005	FEE SCHED	\$135.84	\$0.00								
D2933		PREFAB STAINLESS STEEL CROWN	7/1/2005	FEE SCHED	\$97.97	\$0.00								
D2933	EP	PREFAB STAINLESS STEEL CROWN	7/1/2005	FEE SCHED	\$127.35	\$0.00								
D2940		DENTAL SEDATIVE FILLING	7/1/2005	FEE SCHED	\$32.66	\$0.00								
D2940	EP	DENTAL SEDATIVE FILLING	7/1/2005	FEE SCHED	\$42.45	\$0.00								
D2950		CORE BUILD-UP INCL ANY PINS	7/1/2005	FEE SCHED	\$87.08	\$0.00								
D2950	EP	CORE BUILD-UP INCL ANY PINS	7/1/2005	FEE SCHED	\$113.20	\$0.00								
D2951		TOOTH PIN RETENTION	7/1/2005	FEE SCHED	\$21.77	\$0.00								
D2951	EP	TOOTH PIN RETENTION	7/1/2005	FEE SCHED	\$28.30	\$0.00								
D2952		POST AND CORE CAST + CROWN	7/1/2005	FEE SCHED	\$174.16	\$0.00								
D2952	EP	POST AND CORE CAST + CROWN	7/1/2005	FEE SCHED	\$226.40	\$0.00								
D2953		EACH ADDTNL CAST POST	7/1/2005	FEE SCHED	\$141.51	\$0.00								
D2953	EP	EACH ADDTNL CAST POST	7/1/2005	FEE SCHED	\$183.95	\$0.00								
D2954		PREFAB POST/CORE + CROWN	7/1/2005	FEE SCHED	\$108.85	\$0.00								

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D2954	EP	PREFAB POST/CORE + CROWN	7/1/2005	FEE SCHED	\$141.50	\$0.00								
D2957		EACH ADDTNL PREFAB POST	7/1/2005	FEE SCHED	\$76.20	\$0.00								
D2957	EP	EACH ADDTNL PREFAB POST	7/1/2005	FEE SCHED	\$99.05	\$0.00								
D2960		LAMINATE LABIAL VENEER	7/1/2005	FEE SCHED	\$130.62	\$0.00								
D2960	EP	LAMINATE LABIAL VENEER	7/1/2005	FEE SCHED	\$169.80	\$0.00								
D2961		LAB LABIAL VENEER RESIN	7/1/2005	FEE SCHED	\$217.70	\$0.00								
D2961	EP	LAB LABIAL VENEER RESIN	7/1/2005	FEE SCHED	\$283.00	\$0.00								
D2962		LAB LABIAL VENEER PORCELAIN	7/1/2005	FEE SCHED	\$313.49	\$0.00								
D2962	EP	LAB LABIAL VENEER PORCELAIN	7/1/2005	FEE SCHED	\$407.52	\$0.00								
D2980		CROWN REPAIR	7/1/2005	FEE SCHED	\$89.26	\$0.00								
D2980	EP	CROWN REPAIR	7/1/2005	FEE SCHED	\$116.03	\$0.00								
D2999		3ENTAL UNSPEC RESTORATIVE PR	7/1/2001	BY REPORT	\$0.00	\$0.00								
D2999	EP	DENTAL UNSPEC RESTORATIVE PR	7/1/2003	BY REPORT	\$0.00	\$0.00								
D3110		PULP CAP DIRECT	7/1/2005	FEE SCHED	\$27.21	\$0.00								
D3110	EP	PULP CAP DIRECT	7/1/2005	FEE SCHED	\$35.38	\$0.00								
D3120		PULP CAP INDIRECT	7/1/2005	FEE SCHED	\$21.77	\$0.00								
D3120	EP	PULP CAP INDIRECT	7/1/2005	FEE SCHED	\$28.30	\$0.00								
D3220		THERAPEUTIC PULPOTOMY	7/1/2005	FEE SCHED	\$65.31	\$0.00								
D3220	EP	THERAPEUTIC PULPOTOMY	7/1/2005	FEE SCHED	\$84.90	\$0.00								
D3221		GROSS PULPAL DEBRIDEMENT	7/1/2005	FEE SCHED	\$87.08	\$0.00								
D3221	EP	GROSS PULPAL DEBRIDEMENT	7/1/2005	FEE SCHED	\$113.20	\$0.00								
D3230		PULPAL THERAPY ANTERIOR PRIM	7/1/2005	FEE SCHED	\$71.84	\$0.00								
D3230	EP	PULPAL THERAPY ANTERIOR PRIM	7/1/2005	FEE SCHED	\$93.39	\$0.00								
D3240		PULPAL THERAPY POSTERIOR PRI	7/1/2005	FEE SCHED	\$80.55	\$0.00								
D3240	EP	PULPAL THERAPY POSTERIOR PRI	7/1/2005	FEE SCHED	\$104.71	\$0.00								
D3310		ANTERIOR	7/1/2005	FEE SCHED	\$222.05	\$0.00								
D3310	EP	ANTERIOR	7/1/2005	FEE SCHED	\$288.66	\$0.00								
D3320		ROOT CANAL THERAPY 2 CANALS	7/1/2005	FEE SCHED	\$250.36	\$0.00								
D3320	EP	ROOT CANAL THERAPY 2 CANALS	7/1/2005	FEE SCHED	\$325.45	\$0.00								
D3330		ROOT CANAL THERAPY 3 CANALS	7/1/2005	FEE SCHED	\$304.78	\$0.00								
D3330	EP	ROOT CANAL THERAPY 3 CANALS	7/1/2005	FEE SCHED	\$396.20	\$0.00								
D3331		NON-SURG TX ROOT CANAL OBS	7/1/2005	FEE SCHED	\$219.88	\$0.00								
D3331	EP	NON-SURG TX ROOT CANAL OBS	7/1/2005	FEE SCHED	\$285.83	\$0.00								
D3346		RETREAT ROOT CANAL ANTERIOR	7/1/2005	FEE SCHED	\$239.47	\$0.00								
D3346	EP	RETREAT ROOT CANAL ANTERIOR	7/1/2005	FEE SCHED	\$311.30	\$0.00								
D3347		RETREAT ROOT CANAL BICUSPID	7/1/2005	FEE SCHED	\$291.72	\$0.00								
D3347	EP	RETREAT ROOT CANAL BICUSPID	7/1/2005	FEE SCHED	\$379.22	\$0.00								
D3348		RETREAT ROOT CANAL MOLAR	7/1/2005	FEE SCHED	\$359.21	\$0.00								
D3348	EP	RETREAT ROOT CANAL MOLAR	7/1/2005	FEE SCHED	\$466.95	\$0.00								
D3410		APICOECT/PERIRAD SURG ANTER	7/1/2005	FEE SCHED	\$198.11	\$0.00								
D3410	EP	APICOECT/PERIRAD SURG ANTER	7/1/2005	FEE SCHED	\$257.53	\$0.00								
D3421		ROOT SURGERY BICUSPID	7/1/2005	FEE SCHED	\$228.59	\$0.00								
D3421	EP	ROOT SURGERY BICUSPID	7/1/2005	FEE SCHED	\$297.15	\$0.00								
D3425		ROOT SURGERY MOLAR	7/1/2005	FEE SCHED	\$254.71	\$0.00								
D3425	EP	ROOT SURGERY MOLAR	7/1/2005	FEE SCHED	\$331.11	\$0.00								
D3426		ROOT SURGERY EA ADD ROOT	7/1/2005	FEE SCHED	\$211.17	\$0.00								
D3426	EP	ROOT SURGERY EA ADD ROOT	7/1/2005	FEE SCHED	\$274.51	\$0.00								

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# **Montana Medicaid - Fee Schedule** **Oral Surgeon**

Proc	Mod	Description	Effective	Method	Office	Facility	Days	PA	Mult	Bilat	Assist	CoSurg	Team	Adjust
D3430		RETROGRADE FILLING	7/1/2005	FEE SCHED	\$65.31	\$0.00								
D3430	EP	RETROGRADE FILLING	7/1/2005	FEE SCHED	\$84.90	\$0.00								
D4210		GINGIVECTOMY/PLASTY PER QUAD	7/1/2005	FEE SCHED	\$206.82	\$0.00								
D4210	EP	GINGIVECTOMY/PLASTY PER QUAD	7/1/2005	FEE SCHED	\$268.85	\$0.00								
D4211		GINGIVECTOMY/PLASTY PER TOOT	7/1/2005	FEE SCHED	\$178.51	\$0.00								
D4211	EP	GINGIVECTOMY/PLASTY PER TOOTH	7/1/2005	FEE SCHED	\$232.06	\$0.00								
D4240		GINGIVAL FLAP PROC W/ PLANIN	7/1/2005	FEE SCHED	\$237.29	\$0.00								
D4240	EP	GINGIVAL FLAP PROC W/ PLANIN	7/1/2005	FEE SCHED	\$308.47	\$0.00								
D4241		GNGVL FLAP W ROOTPLAN 1-3 TH	7/1/2005	FEE SCHED	\$67.49	\$0.00								
D4241	EP	GNGVL FLAP W ROOTPLAN 1-3 TH	7/1/2005	FEE SCHED	\$87.73	\$0.00								
D4260		OSSEOUS SURGERY PER QUADRANT	7/1/2005	FEE SCHED	\$348.32	\$0.00								
D4260	EP	OSSEOUS SURGERY PER QUADRANT	7/1/2005	FEE SCHED	\$452.80	\$0.00								
D4261		OSSEOUS SURGL-3TEETHPERQUAD	7/1/2005	FEE SCHED	\$174.16	\$0.00								
D4261	EP	OSSEOUS SURGERY INCL FLAP ONE TO	7/1/2005	FEE SCHED	\$226.40	\$0.00								
D4270		PEDICLE SOFT TISSUE GRAFT PR	7/1/2005	FEE SCHED	\$265.59	\$0.00								
D4270	EP	PEDICLE SOFT TISSUE GRAFT PR	7/1/2005	FEE SCHED	\$345.26	\$0.00								
D4271		FREE SOFT TISSUE GRAFT PROC	7/1/2005	FEE SCHED	\$274.30	\$0.00								
D4271	EP	FREE SOFT TISSUE GRAFT PROC	7/1/2005	FEE SCHED	\$356.58	\$0.00								
D4320		PROVISION SPLNT INTRACORONAL	7/1/2005	FEE SCHED	\$148.04	\$0.00								
D4320	EP	PROVISION SPLNT INTRACORONAL	7/1/2005	FEE SCHED	\$192.44	\$0.00								
D4321		PROVISIONAL SPLINT EXTRACORO	7/1/2005	FEE SCHED	\$130.62	\$0.00								
D4321	EP	PROVISIONAL SPLINT EXTRACORO	7/1/2005	FEE SCHED	\$169.80	\$0.00								
D4341		PERIODONTAL SCALING & ROOT	7/1/2005	FEE SCHED	\$108.85	\$0.00								
D4341	EP	PERIODONTAL SCALING & ROOT	7/1/2005	FEE SCHED	\$141.50	\$0.00								
D4342		PERIODONTAL SCALING 1-3TEETH	7/1/2005	FEE SCHED	\$58.78	\$0.00								
D4342	EP	PERIODONTAL SCALING 1-3TEETH	7/1/2005	FEE SCHED	\$76.41	\$0.00								
D4355		FULL MOUTH DEBRIDEMENT	7/1/2005	FEE SCHED	\$54.43	\$0.00								
D4355	EP	FULL MOUTH DEBRIDEMENT	7/1/2005	FEE SCHED	\$70.75	\$0.00								
D4910		PERIODONTAL MAINT PROCEDURES	7/1/2005	FEE SCHED	\$43.54	\$0.00								
D4910	EP	PERIODONTAL MAINT PROCEDURES	7/1/2005	FEE SCHED	\$56.60	\$0.00								
D4920		UNSCHEDULED DRESSING CHANGE	7/1/2005	FEE SCHED	\$28.30	\$0.00								
D4920	EP	UNSCHEDULED DRESSING CHANGE	7/1/2005	FEE SCHED	\$36.79	\$0.00								
D4999		UNSPECIFIED PERIODONTAL PROC	7/1/2001	BY REPORT	\$0.00	\$0.00								
D4999	EP	UNSPECIFIED PERIODONTAL PROC	7/1/2001	BY REPORT	\$0.00	\$0.00								
D5110		DENTURES COMPLETE MAXILLARY	7/1/2005	FEE SCHED	\$544.25	\$0.00								
D5110	EP	DENTURES COMPLETE MAXILLARY	7/1/2005	FEE SCHED	\$707.50	\$0.00								
D5120		DENTURES COMPLETE MANDIBLE	7/1/2005	FEE SCHED	\$544.25	\$0.00								
D5120	EP	DENTURES COMPLETE MANDIBLE	7/1/2005	FEE SCHED	\$707.50	\$0.00								
D5130		DENTURES IMMEDIAT MAXILLARY	7/1/2005	FEE SCHED	\$598.68	\$0.00								
D5130	EP	DENTURES IMMEDIAT MAXILLARY	7/1/2005	FEE SCHED	\$778.25	\$0.00								
D5140		DENTURES IMMEDIAT MANDIBLE	7/1/2005	FEE SCHED	\$598.68	\$0.00								
D5140	EP	DENTURES IMMEDIAT MANDIBLE	7/1/2005	FEE SCHED	\$778.25	\$0.00								
D5211		DENTURES MAXILL PART RESIN	7/1/2005	FEE SCHED	\$370.09	\$0.00								
D5211	EP	DENTURES MAXILL PART RESIN	7/1/2005	FEE SCHED	\$481.10	\$0.00								
D5212		DENTURES MAND PART RESIN	7/1/2005	FEE SCHED	\$385.33	\$0.00								
D5212	EP	DENTURES MAND PART RESIN	7/1/2005	FEE SCHED	\$500.91	\$0.00								
D5213		DENTURES MAXILL PART METAL	7/1/2005	FEE SCHED	\$653.10	\$0.00								

# **Montana Medicaid - Fee Schedule** **Oral Surgeon**

Proc	Mod	Description	Effective	Method	Office	Facility	Days	PA	Mult	Bilat	Assist	CoSurg	Team	Adjust
D5213	EP	DENTURES MAXILL PART METAL	7/1/2005	FEE SCHED	\$849.00	\$0.00								
D5214		DENTURES MANDIBL PART METAL	7/1/2005	FEE SCHED	\$653.10	\$0.00								
D5214	EP	DENTURES MANDIBL PART METAL	7/1/2005	FEE SCHED	\$849.00	\$0.00								
D5225		MAXILLARY PART DENTURE FLEX	7/1/2005	BY REPORT	\$0.00	\$0.00								
D5225	EP	MAXILLARY PART DENTURE FLEX	7/1/2005	BY REPORT	\$0.00	\$0.00								
D5226		MANDIBULAR PART DENTURE FLEX	7/1/2005	BY REPORT	\$0.00	\$0.00								
D5226	EP	MANDIBULAR PART DENTURE FLEX	7/1/2005	BY REPORT	\$0.00	\$0.00								
D5410		DENTURES ADJUST CMPLT MAXIL	7/1/2005	FEE SCHED	\$26.12	\$0.00								
D5410	EP	DENTURES ADJUST CMPLT MAXIL	7/1/2005	FEE SCHED	\$33.96	\$0.00								
D5411		DENTURES ADJUST CMPLT MAND	7/1/2005	FEE SCHED	\$26.12	\$0.00								
D5411	EP	DENTURES ADJUST CMPLT MAND	7/1/2005	FEE SCHED	\$33.96	\$0.00								
D5421		DENTURES ADJUST PART MAXILL	7/1/2005	FEE SCHED	\$26.12	\$0.00								
D5421	EP	DENTURES ADJUST PART MAXILL	7/1/2005	FEE SCHED	\$33.96	\$0.00								
D5422		DENTURES ADJUST PART MANDBL	7/1/2005	FEE SCHED	\$26.12	\$0.00								
D5422	EP	DENTURES ADJUST PART MANDBL	7/1/2005	FEE SCHED	\$33.96	\$0.00								
D5510		DENTUR REPR BROKEN COMPL BAS	7/1/2005	FEE SCHED	\$65.31	\$0.00								
D5510	EP	DENTUR REPR BROKEN COMPL BAS	7/1/2005	FEE SCHED	\$84.90	\$0.00								
D5520		REPLACE DENTURE TEETH COMPLT	7/1/2005	FEE SCHED	\$43.54	\$0.00								
D5520	EP	REPLACE DENTURE TEETH COMPLT	7/1/2005	FEE SCHED	\$56.60	\$0.00								
D5610		DENTURES REPAIR RESIN BASE	7/1/2005	FEE SCHED	\$65.31	\$0.00								
D5610	EP	DENTURES REPAIR RESIN BASE	7/1/2005	FEE SCHED	\$84.90	\$0.00								
D5620		REP PART DENTURE CAST FRAME	7/1/2005	FEE SCHED	\$89.26	\$0.00								
D5620	EP	REP PART DENTURE CAST FRAME	7/1/2005	FEE SCHED	\$116.03	\$0.00								
D5630		REP PARTIAL DENTURE CLASP	7/1/2005	FEE SCHED	\$80.55	\$0.00								
D5630	EP	REP PARTIAL DENTURE CLASP	7/1/2005	FEE SCHED	\$104.71	\$0.00								
D5640		REPLACE PART DENTURE TEETH	7/1/2005	FEE SCHED	\$65.31	\$0.00								
D5640	EP	REPLACE PART DENTURE TEETH	7/1/2005	FEE SCHED	\$84.90	\$0.00								
D5650		ADD TOOTH TO PARTIAL DENTURE	7/1/2005	FEE SCHED	\$65.31	\$0.00								
D5650	EP	ADD TOOTH TO PARTIAL DENTURE	7/1/2005	FEE SCHED	\$84.90	\$0.00								
D5660		ADD CLASP TO PARTIAL DENTURE	7/1/2005	FEE SCHED	\$108.85	\$0.00								
D5660	EP	ADD CLASP TO PARTIAL DENTURE	7/1/2005	FEE SCHED	\$141.50	\$0.00								
D5710		DENTURES REBASE CMPLT MAXIL	7/1/2005	FEE SCHED	\$217.70	\$0.00								
D5710	EP	DENTURES REBASE CMPLT MAXIL	7/1/2005	FEE SCHED	\$283.00	\$0.00								
D5711		DENTURES REBASE CMPLT MAND	7/1/2005	FEE SCHED	\$217.70	\$0.00								
D5711	EP	DENTURES REBASE CMPLT MAND	7/1/2005	FEE SCHED	\$283.00	\$0.00								
D5720		DENTURES REBASE PART MAXILL	7/1/2005	FEE SCHED	\$174.16	\$0.00								
D5720	EP	DENTURES REBASE PART MAXILL	7/1/2005	FEE SCHED	\$226.40	\$0.00								
D5721		DENTURES REBASE PART MANDBL	7/1/2005	FEE SCHED	\$174.16	\$0.00								
D5721	EP	DENTURES REBASE PART MANDBL	7/1/2005	FEE SCHED	\$226.40	\$0.00								
D5730		DENTURE RELN CMPLT MAXIL CH	7/1/2005	FEE SCHED	\$130.62	\$0.00								
D5730	EP	DENTURE RELN CMPLT MAXIL CH	7/1/2005	FEE SCHED	\$169.80	\$0.00								
D5731		DENTURE RELN CMPLT MAND CHR	7/1/2005	FEE SCHED	\$130.62	\$0.00								
D5731	EP	DENTURE RELN CMPLT MAND CHR	7/1/2005	FEE SCHED	\$169.80	\$0.00								
D5740		DENTURE RELN PART MAXIL CHR	7/1/2005	FEE SCHED	\$108.85	\$0.00								
D5740	EP	DENTURE RELN PART MAXIL CHR	7/1/2005	FEE SCHED	\$141.50	\$0.00								
D5741		DENTURE RELN PART MAND CHR	7/1/2005	FEE SCHED	\$108.85	\$0.00								
D5741	EP	DENTURE RELN PART MAND CHR	7/1/2005	FEE SCHED	\$141.50	\$0.00								

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# **Montana Medicaid - Fee Schedule** **Oral Surgeon**

Proc	Mod	Description	Effective	Method	Office	Facility	Days	PA	Mult	Bilat	Assist	CoSurg	Team	Adjust
D5750		DENTURE RELN CMPLT MAX LAB	7/1/2005	FEE SCHED	\$174.16	\$0.00								
D5750	EP	DENTURE RELN CMPLT MAX LAB	7/1/2005	FEE SCHED	\$226.40	\$0.00								
D5751		DENTURE RELN CMPLT MAND LAB	7/1/2005	FEE SCHED	\$174.16	\$0.00								
D5751	EP	DENTURE RELN CMPLT MAND LAB	7/1/2005	FEE SCHED	\$226.40	\$0.00								
D5760		DENTURE RELN PART MAXIL LAB	7/1/2005	FEE SCHED	\$174.16	\$0.00								
D5760	EP	DENTURE RELN PART MAXIL LAB	7/1/2005	FEE SCHED	\$226.40	\$0.00								
D5761		DENTURE RELN PART MAND LAB	7/1/2005	FEE SCHED	\$174.16	\$0.00								
D5761	EP	DENTURE RELN PART MAND LAB	7/1/2005	FEE SCHED	\$226.40	\$0.00								
D5820		DENTURE INTERM PART MAXILL	7/1/2005	FEE SCHED	\$217.70	\$0.00								
D5820	EP	DENTURE INTERM PART MAXILL	7/1/2005	FEE SCHED	\$283.00	\$0.00								
D5821		DENTURE INTERM PART MANDBL	7/1/2005	FEE SCHED	\$217.70	\$0.00								
D5821	EP	DENTURE INTERM PART MANDBL	7/1/2005	FEE SCHED	\$283.00	\$0.00								
D5850		TISSUE CONDITIONING, MAXILLARY	7/1/2005	FEE SCHED	\$56.60	\$0.00								
D5850	EP	TISSUE CONDITIONING, MAXILLARY	7/1/2005	FEE SCHED	\$73.58	\$0.00								
D5851		TISSUE CONDITIONING, MANDIBULAR	7/1/2005	FEE SCHED	\$56.60	\$0.00								
D5851	EP	TISSUE CONDITIONING, MANDIBULAR	7/1/2005	FEE SCHED	\$73.58	\$0.00								
D5899		REMOVABLE PROSTHODONTIC PROC	1/1/1998	BY REPORT	\$0.00	\$0.00								
D5899	EP	REMOVABLE PROSTHODONTIC PROC	7/1/2001	BY REPORT	\$0.00	\$0.00								
D6205		PONTIC-INDIRECT RESIN BASED	7/1/2005	BY REPORT	\$0.00	\$0.00								
D6205	EP	PONTIC-INDIRECT RESIN BASED	7/1/2005	BY REPORT	\$0.00	\$0.00								
D6210		PROSTHODONT HIGH NOBLE METAL	7/1/2005	FEE SCHED	\$435.40	\$0.00								
D6210	EP	PROSTHODONT HIGH NOBLE METAL	7/1/2005	FEE SCHED	\$566.00	\$0.00								
D6211		BRIDGE BASE METAL CAST	7/1/2005	FEE SCHED	\$304.78	\$0.00								
D6211	EP	BRIDGE BASE METAL CAST	7/1/2005	FEE SCHED	\$396.20	\$0.00								
D6212		BRIDGE NOBLE METAL CAST	7/1/2005	FEE SCHED	\$348.32	\$0.00								
D6212	EP	BRIDGE NOBLE METAL CAST	7/1/2005	FEE SCHED	\$452.80	\$0.00								
D6214		PONTIC TITANIUM	7/1/2005	BY REPORT	\$0.00	\$0.00								
D6214	EP	PONTIC TITANIUM	7/1/2005	BY REPORT	\$0.00	\$0.00								
D6240		BRIDGE PORCELAIN HIGH NOBLE	7/1/2005	FEE SCHED	\$478.94	\$0.00								
D6240	EP	BRIDGE PORCELAIN HIGH NOBLE	7/1/2005	FEE SCHED	\$622.60	\$0.00								
D6241		BRIDGE PORCELAIN BASE METAL	7/1/2005	FEE SCHED	\$391.86	\$0.00								
D6241	EP	BRIDGE PORCELAIN BASE METAL	7/1/2005	FEE SCHED	\$509.40	\$0.00								
D6242		BRIDGE PORCELAIN NOBEL METAL	7/1/2005	FEE SCHED	\$435.40	\$0.00								
D6242	EP	BRIDGE PORCELAIN NOBEL METAL	7/1/2005	FEE SCHED	\$566.00	\$0.00								
D6245		BRIDGE PORCELAIN/CERAMIC	7/1/2005	FEE SCHED	\$328.73	\$0.00								
D6245	EP	BRIDGE PORCELAIN/CERAMIC	7/1/2005	FEE SCHED	\$427.33	\$0.00								
D6250		BRIDGE RESIN W/HIGH NOBLE	7/1/2005	FEE SCHED	\$435.40	\$0.00								
D6250	EP	BRIDGE RESIN W/HIGH NOBLE	7/1/2005	FEE SCHED	\$566.00	\$0.00								
D6251		BRIDGE RESIN BASE METAL	7/1/2005	FEE SCHED	\$304.78	\$0.00								
D6251	EP	BRIDGE RESIN BASE METAL	7/1/2005	FEE SCHED	\$396.20	\$0.00								
D6252		BRIDGE RESIN W/NOBLE METAL	7/1/2005	FEE SCHED	\$391.86	\$0.00								
D6252	EP	BRIDGE RESIN W/NOBLE METAL	7/1/2005	FEE SCHED	\$509.40	\$0.00								
D6710		CROWN-INDIRECT RESIN BASED	7/1/2005	BY REPORT	\$0.00	\$0.00								
D6710	EP	CROWN-INDIRECT RESIN BASED	7/1/2005	BY REPORT	\$0.00	\$0.00								
D6720		RETAIN CROWN RESIN W HI NBLE	7/1/2005	FEE SCHED	\$435.40	\$0.00								
D6720	EP	RETAIN CROWN RESIN W HI NBLE	7/1/2005	FEE SCHED	\$566.00	\$0.00								
D6721		CROWN RESIN W/BASE METAL	7/1/2005	FEE SCHED	\$326.55	\$0.00								

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# **Montana Medicaid - Fee Schedule** **Oral Surgeon**

Proc	Mod	Description	Effective	Method	Office	Facility	Days	PA	Mult	Bilat	Assist	CoSurg	Team	Adjust
D6721	EP	CROWN RESIN W/BASE METAL	7/1/2005	FEE SCHED	\$424.50	\$0.00								
D6722		CROWN RESIN W/NOBLE METAL	7/1/2005	FEE SCHED	\$370.09	\$0.00								
D6722	EP	CROWN RESIN W/NOBLE METAL	7/1/2005	FEE SCHED	\$481.10	\$0.00								
D6740		CROWN PORCELAIN/CERAMIC	7/1/2005	FEE SCHED	\$348.32	\$0.00								
D6740	EP	CROWN PORCELAIN/CERAMIC	7/1/2005	FEE SCHED	\$452.80	\$0.00								
D6750		CROWN PORCELAIN HIGH NOBLE	7/1/2005	FEE SCHED	\$522.48	\$0.00								
D6750	EP	CROWN PORCELAIN HIGH NOBLE	7/1/2005	FEE SCHED	\$679.20	\$0.00								
D6751		CROWN PORCELAIN BASE METAL	7/1/2005	FEE SCHED	\$348.32	\$0.00								
D6751	EP	CROWN PORCELAIN BASE METAL	7/1/2005	FEE SCHED	\$452.80	\$0.00								
D6752		CROWN PORCELAIN NOBLE METAL	7/1/2005	FEE SCHED	\$435.40	\$0.00								
D6752	EP	CROWN PORCELAIN NOBLE METAL	7/1/2005	FEE SCHED	\$566.00	\$0.00								
D6780		CROWN 3/4 HIGH NOBLE METAL	7/1/2005	FEE SCHED	\$413.63	\$0.00								
D6780	EP	CROWN 3/4 HIGH NOBLE METAL	7/1/2005	FEE SCHED	\$537.70	\$0.00								
D6781		CROWN 3/4 CAST BASED METAL	7/1/2005	FEE SCHED	\$339.61	\$0.00								
D6781	EP	CROWN 3/4 CAST BASED METAL	7/1/2005	FEE SCHED	\$441.48	\$0.00								
D6782		CROWN 3/4 CAST NOBLE METAL	7/1/2005	FEE SCHED	\$341.79	\$0.00								
D6782	EP	CROWN 3/4 CAST NOBLE METAL	7/1/2005	FEE SCHED	\$444.31	\$0.00								
D6783		CROWN 3/4 PORCELAIN/CERAMIC	7/1/2005	FEE SCHED	\$343.97	\$0.00								
D6783	EP	CROWN 3/4 PORCELAIN/CERAMIC	7/1/2005	FEE SCHED	\$447.14	\$0.00								
D6790		CROWN FULL HIGH NOBLE METAL	7/1/2005	FEE SCHED	\$413.63	\$0.00								
D6790	EP	CROWN FULL HIGH NOBLE METAL	7/1/2005	FEE SCHED	\$537.70	\$0.00								
D6791		CROWN FULL BASE METAL CAST	7/1/2005	FEE SCHED	\$304.78	\$0.00								
D6791	EP	CROWN FULL BASE METAL CAST	7/1/2005	FEE SCHED	\$396.20	\$0.00								
D6792		CROWN FULL NOBLE METAL CAST	7/1/2005	FEE SCHED	\$370.09	\$0.00								
D6792	EP	CROWN FULL NOBLE METAL CAST	7/1/2005	FEE SCHED	\$481.10	\$0.00								
D6794		CROWN TITANIUM	7/1/2005	BY REPORT	\$0.00	\$0.00								
D6794	EP	CROWN TITANIUM	7/1/2005	BY REPORT	\$0.00	\$0.00								
D6930		DENTAL RECEMENT BRIDGE	7/1/2005	FEE SCHED	\$43.54	\$0.00								
D6930	EP	DENTAL RECEMENT BRIDGE	7/1/2005	FEE SCHED	\$56.60	\$0.00								
D6950		PRECISION ATTACHMENT	7/1/2005	FEE SCHED	\$174.16	\$0.00								
D6950	EP	PRECISION ATTACHMENT	7/1/2005	FEE SCHED	\$226.40	\$0.00								
D6980		BRIDGE REPAIR	7/1/2005	FEE SCHED	\$113.20	\$0.00								
D6980	EP	BRIDGE REPAIR	7/1/2005	FEE SCHED	\$147.16	\$0.00								
D6999		FIXED PROSTHODONTIC PROC	1/1/1998	BY REPORT	\$0.00	\$0.00								
D6999	EP	FIXED PROSTHODONTIC PROC	7/1/2001	BY REPORT	\$0.00	\$0.00								
D7111		EXTRACTION CORONAL REMNANTS	7/1/2005	FEE SCHED	\$43.54	\$0.00								
D7111	EP	CORONAL REMNANTS DECIDUOUS T	7/1/2005	FEE SCHED	\$56.60	\$0.00								
D7140		EXTRACTION ERUPTED TOOTH/EXR	7/1/2005	FEE SCHED	\$47.89	\$0.00								
D7140	EP	EXTRACTION ERUPTED TOOTH/EXR	7/1/2005	FEE SCHED	\$62.26	\$0.00								
D7210		REM IMP TOOTH W MUCOPER FLP	7/1/2005	FEE SCHED	\$87.08	\$0.00								
D7210	EP	REM IMP TOOTH W MUCOPER FLP	7/1/2005	FEE SCHED	\$113.20	\$0.00								
D7220		IMPACT TOOTH REMOV SOFT TISS	7/1/2005	FEE SCHED	\$100.14	\$0.00								
D7220	EP	IMPACT TOOTH REMOV SOFT TISS	7/1/2005	FEE SCHED	\$130.18	\$0.00								
D7230		IMPACT TOOTH REMOV PART BONY	7/1/2005	FEE SCHED	\$130.62	\$0.00								
D7230	EP	IMPACT TOOTH REMOV PART BONY	7/1/2005	FEE SCHED	\$169.80	\$0.00								
D7240		IMPACT TOOTH REMOV COMP BONY	7/1/2005	FEE SCHED	\$156.74	\$0.00								
D7240	EP	IMPACT TOOTH REMOV COMP BONY	7/1/2005	FEE SCHED	\$203.76	\$0.00								

# **Montana Medicaid - Fee Schedule** **Oral Surgeon**

Proc	Mod	Description	Effective	Method	Office	Facility	Days	PA	Mult	Bilat	Assist	CoSurg	Team	Adjust
D7241		IMPACT TOOTH REM BONY W/COMP	7/1/2005	FEE SCHED	\$217.70	\$0.00								
D7241	EP	IMPACT TOOTH REM BONY W/COMP	7/1/2005	FEE SCHED	\$283.00	\$0.00								
D7250		TOOTH ROOT REMOVAL	7/1/2005	FEE SCHED	\$87.08	\$0.00								
D7250	EP	TOOTH ROOT REMOVAL	7/1/2005	FEE SCHED	\$113.20	\$0.00								
D7270		TOOTH REIMPLANTATION	7/1/2005	FEE SCHED	\$156.74	\$0.00								
D7270	EP	TOOTH REIMPLANTATION	7/1/2005	FEE SCHED	\$203.76	\$0.00								
D7280		EXPOSURE IMPACT TOOTH ORTHOD	7/1/2005	FEE SCHED	\$130.62	\$0.00								
D7280	EP	EXPOSURE IMPACT TOOTH ORTHOD	7/1/2005	FEE SCHED	\$169.80	\$0.00								
D7282		MOBILIZE ERUPTED/MALPOS TOOT	7/1/2005	FEE SCHED	\$43.54	\$0.00								
D7282	EP	MOBILIZE ERUPTED/MALPOS TOOT	7/1/2005	FEE SCHED	\$56.60	\$0.00								
D7310		ALVEOPLASTY W/ EXTRACTION	7/1/2005	FEE SCHED	\$91.43	\$0.00								
D7310	EP	ALVEOPLASTY W/ EXTRACTION	7/1/2005	FEE SCHED	\$118.86	\$0.00								
D7320		ALVEOPLASTY W/O EXTRACTION	7/1/2005	FEE SCHED	\$115.38	\$0.00								
D7320	EP	ALVEOPLASTY W/O EXTRACTION	7/1/2005	FEE SCHED	\$149.99	\$0.00								
D7321		ALVEOLOPLASTY NOT W/EXTRACTS	7/1/2005	FEE SCHED	\$167.63	\$0.00								
D7321	EP	ALVEOLOPLASTY NOT W/EXTRACTS	7/1/2005	FEE SCHED	\$217.91	\$0.00								
D7510		I&D ABSC INTRAORAL SOFT TISS	7/1/2005	FEE SCHED	\$58.78	\$0.00								
D7510	EP	I&D ABSC INTRAORAL SOFT TISS	7/1/2005	FEE SCHED	\$76.41	\$0.00								
D7511		INCISION/DRAIN ABSCESS INTRA	7/1/2005	BY REPORT	\$0.00	\$0.00								
D7511	EP	INCISION/DRAIN ABSCESS INTRA	7/1/2005	BY REPORT	\$0.00	\$0.00								
D7520		I&D ABSCESS EXTRAORAL	7/1/2005	FEE SCHED	\$130.62	\$0.00								
D7520	EP	I&D ABSCESS EXTRAORAL	7/1/2005	FEE SCHED	\$169.80	\$0.00								
D7521		INCISION/DRAIN ABSCESS EXTRA	7/1/2005	BY REPORT	\$0.00	\$0.00								
D7521	EP	INCISION/DRAIN ABSCESS EXTRA	7/1/2005	BY REPORT	\$0.00	\$0.00								
D7540		REMOVAL OF FB REACTION	7/1/2005	FEE SCHED	\$185.05	\$0.00								
D7540	EP	REMOVAL OF FB REACTION	7/1/2005	FEE SCHED	\$240.55	\$0.00								
D7550		REMOVAL OF SLOUGHED OFF BONE	7/1/2005	FEE SCHED	\$152.39	\$0.00								
D7550	EP	REMOVAL OF SLOUGHED OFF BONE	7/1/2005	FEE SCHED	\$198.10	\$0.00								
D7560		MAXILLARY SINUSOTOMY	7/1/2005	FEE SCHED	\$283.01	\$0.00								
D7560	EP	MAXILLARY SINUSOTOMY	7/1/2005	FEE SCHED	\$367.90	\$0.00								
D7910		DENT SUTUR RECENT WND TO 5CM	7/1/2005	FEE SCHED	\$300.43	\$0.00								
D7910	EP	DENT SUTUR RECENT WND TO 5CM	7/1/2005	FEE SCHED	\$390.54	\$0.00								
D7911		DENTAL SUTURE WOUND TO 5 CM	7/1/2005	FEE SCHED	\$117.56	\$0.00								
D7911	EP	DENTAL SUTURE WOUND TO 5 CM	7/1/2005	FEE SCHED	\$152.82	\$0.00								
D7912		SUTURE COMPLICATE WND > 5 CM	7/1/2005	FEE SCHED	\$174.16	\$0.00								
D7912	EP	SUTURE COMPLICATE WND > 5 CM	7/1/2005	FEE SCHED	\$226.40	\$0.00								
D7970		EXCISION HYPERPLASTIC TISSUE	7/1/2005	FEE SCHED	\$1,044.96	\$0.00								
D7970	EP	EXCISION HYPERPLASTIC TISSUE	7/1/2005	FEE SCHED	\$1,358.40	\$0.00								
D8050		INTERCEP DENTAL TX PRIMARY	7/1/2001	BY REPORT	\$0.00	\$0.00								Y
D8050	EP	INTERCEP DENTAL TX PRIMARY	7/1/2001	BY REPORT	\$0.00	\$0.00								Y
D8060		INTERCEP DENTAL TX TRANSITN	7/1/2001	BY REPORT	\$0.00	\$0.00								Y
D8060	EP	INTERCEP DENTAL TX TRANSITN	7/1/2001	BY REPORT	\$0.00	\$0.00								Y
D8070		COMPRE DENTAL TX TRANSITION	7/1/2001	BY REPORT	\$0.00	\$0.00								Y
D8070	EP	COMPRE DENTAL TX TRANSITION	7/1/2001	BY REPORT	\$0.00	\$0.00								Y
D8080		COMPRE DENTAL TX ADOLESCENT	7/1/2001	BY REPORT	\$0.00	\$0.00								Y
D8080	EP	COMPRE DENTAL TX ADOLESCENT	7/1/2001	BY REPORT	\$0.00	\$0.00								Y
D8090		COMPRE DENTAL TX ADULT	7/1/2001	BY REPORT	\$0.00	\$0.00								Y

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Proc	Mod	Description	Effective	Method	Office	Facility	Days	PA	Mult	Bilat	Assist	CoSurg	Team	Adjust
D8090	EP	COMPRES DENTAL TX ADULT	7/1/2001	BY REPORT	\$0.00	\$0.00		Y						
D8220		FIXED APPLIANCE THERAPY HABT	7/1/2005	FEE SCHED	\$311.31	\$0.00								
D8220	EP	FIXED APPLIANCE THERAPY HABT	7/1/2005	FEE SCHED	\$404.69	\$0.00								
D8670		PERIODIC ORTHODONTIC TX VISIT	1/1/2000	BY REPORT	\$0.00	\$0.00		Y						
D8670	EP	PERIODIC ORTHODONTIC TX VISIT	1/1/2000	BY REPORT	\$0.00	\$0.00		Y						
D9110		TX DENTAL PAIN MINOR PROC	7/1/2005	FEE SCHED	\$43.54	\$0.00								
D9110	EP	TX DENTAL PAIN MINOR PROC	7/1/2005	FEE SCHED	\$56.60	\$0.00								
D9220		GENERAL ANESTHESIA	7/1/2005	FEE SCHED	\$119.74	\$0.00								
D9220	EP	GENERAL ANESTHESIA	7/1/2005	FEE SCHED	\$155.65	\$0.00								
D9221		GENERAL ANESTHESIA EA AD 15M	7/1/2005	FEE SCHED	\$43.54	\$0.00								
D9221	EP	GENERAL ANESTHESIA EA AD 15M	7/1/2005	FEE SCHED	\$56.50	\$0.00								
D9230	EP	ANALGESIA	7/1/2005	FEE SCHED	\$25.47	\$0.00								
D9241		INTRAVENOUS SEDATION	7/1/2005	FEE SCHED	\$130.62	\$0.00								
D9241	EP	INTRAVENOUS SEDATION	7/1/2005	FEE SCHED	\$169.80	\$0.00								
D9242		IV SEDATION EA AD 30 M	7/1/2005	FEE SCHED	\$48.98	\$0.00								
D9242	EP	IV SEDATION EA AD 30 M	7/1/2005	FEE SCHED	\$63.68	\$0.00								
D9248		SEDATION (NON-IV)	7/1/2005	FEE SCHED	\$96.88	\$0.00								
D9248	EP	SEDATION (NON-IV)	7/1/2005	FEE SCHED	\$125.94	\$0.00								
D9310		DENTAL CONSULTATION	7/1/2005	FEE SCHED	\$34.83	\$0.00								
D9310	EP	DENTAL CONSULTATION	7/1/2005	FEE SCHED	\$45.28	\$0.00								
D9410		DENTAL HOUSE CALL	7/1/2005	FEE SCHED	\$65.31	\$0.00								
D9410	EP	DENTAL HOUSE CALL	7/1/2005	FEE SCHED	\$84.90	\$0.00								
D9420		HOSPITAL CALL	7/1/2005	FEE SCHED	\$65.31	\$0.00								
D9420	EP	HOSPITAL CALL	7/1/2005	FEE SCHED	\$84.90	\$0.00								
D9440		OFFICE VISIT AFTER HOURS	7/1/2005	FEE SCHED	\$43.54	\$0.00								
D9440	EP	OFFICE VISIT AFTER HOURS	7/1/2005	FEE SCHED	\$56.60	\$0.00								
D9630		OTHER DRUGS/MEDICAMENTS	7/1/2005	FEE SCHED	\$10.89	\$0.00								
D9630	EP	OTHER DRUGS/MEDICAMENTS	7/1/2005	FEE SCHED	\$14.15	\$0.00								
D9920		BEHAVIOR MANAGEMENT	7/1/2005	FEE SCHED	\$34.83	\$0.00								
D9920	EP	BEHAVIOR MANAGEMENT	7/1/2005	FEE SCHED	\$45.28	\$0.00								
00170		ANESTHESIA FOR INTRAORAL PROCEDURE	7/1/2005	ANES VALU	\$5.00	\$0.00								
10060		DRAINAGE OF SKIN ABSCESS	7/1/2005	RBRVS	\$75.58	\$67.72	10		Y					
10180		COMPLEX DRAINAGE, WOUND	7/1/2005	RBRVS	\$166.57	\$138.54	10		Y					
11010		DEBRIDE SKIN FX	7/1/2005	RBRVS	\$346.79	\$227.67	10		Y					
11100		BIOPSY SKIN LESION	7/1/2005	RBRVS	\$62.61	\$37.93	0		Y					
11101		BIOPSY, SKIN ADD-ON	7/1/2005	RBRVS	\$23.20	\$19.26	ZZZ							
11310		SHAVE SKIN LESION	7/1/2005	RBRVS	\$56.38	\$34.22	0		Y					
11311		SHAVE SKIN LESION	7/1/2005	RBRVS	\$70.46	\$49.73	0		Y					
11312		SHAVE SKIN LESION	7/1/2005	RBRVS	\$80.66	\$56.28	0		Y					
11313		SHAVE SKIN LESION	7/1/2005	RBRVS	\$106.18	\$75.93	0		Y					
11440		EXC FACE-MM B9+MARG 0.5 < CM	7/1/2005	RBRVS	\$98.55	\$73.62	10		Y					
11441		EXC FACE-MM B9+MARG 0.6-1 CM	7/1/2005	RBRVS	\$117.36	\$93.83	10		Y					
11442		EXC FACE-MM B9+MARG 1.1-2 CM	7/1/2005	RBRVS	\$131.66	\$104.48	10		Y					
11443		EXC FACE-MM B9+MARG 2.1-3 CM	7/1/2005	RBRVS	\$162.36	\$131.53	10		Y					
11444		EXC FACE-MM B9+MARG 3.1-4 CM	7/1/2005	RBRVS	\$208.12	\$171.98	10		Y					
11446		EXC FACE-MM B9+MARG > 4 CM	7/1/2005	RBRVS	\$271.61	\$236.02	10		Y					
12011		REPAIR SUPERFICIAL WOUND(S)	7/1/2005	RBRVS	\$122.05	\$84.21	10		Y					

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12013		REPAIR SUPERFICIAL WOUND(S)	7/1/2005	RBRVS	\$134.08	\$96.53	10		Y					
12014		REPAIR SUPERFICIAL WOUND(S)	7/1/2005	RBRVS	\$158.97	\$116.67	10		Y					
12015		REPAIR SUPERFICIAL WOUND(S)	7/1/2005	RBRVS	\$200.53	\$147.83	10		Y					
12016		REPAIR SUPERFICIAL WOUND(S)	7/1/2005	RBRVS	\$238.46	\$181.56	10		Y					
12017		REPAIR SUPERFICIAL WOUND(S)	7/1/2005	RBRVS	\$220.57	\$220.57	10		Y					
12018		REPAIR SUPERFICIAL WOUND(S)	7/1/2005	RBRVS	\$260.92	\$260.92	10		Y		Y	Y		
12051		LAYER CLOSURE OF WOUND(S)	7/1/2005	RBRVS	\$178.04	\$127.04	10		Y					
12052		LAYER CLOSURE OF WOUND(S)	7/1/2005	RBRVS	\$186.12	\$135.97	10		Y					
12053		LAYER CLOSURE OF WOUND(S)	7/1/2005	RBRVS	\$199.55	\$151.64	10		Y					
12054		LAYER CLOSURE OF WOUND(S)	7/1/2005	RBRVS	\$221.06	\$166.96	10		Y					
12055		LAYER CLOSURE OF WOUND(S)	7/1/2005	RBRVS	\$282.88	\$216.72	10		Y					
12056		LAYER CLOSURE OF WOUND(S)	7/1/2005	RBRVS	\$376.41	\$272.71	10		Y					
12057		LAYER CLOSURE OF WOUND(S)	7/1/2005	RBRVS	\$381.63	\$314.92	10		Y		Y	Y		
13131		REPAIR OF WOUND OR LESION	7/1/2005	RBRVS	\$253.65	\$206.56	10		Y					
13132		REPAIR OF WOUND OR LESION	7/1/2005	RBRVS	\$369.24	\$320.49	10		Y					
13133		REPAIR WOUND/LESION ADD-ON	7/1/2005	RBRVS	\$123.19	\$105.56	ZZZ							
13150		REPAIR OF WOUND OR LESION	7/1/2005	RBRVS	\$270.37	\$211.22	10		Y					
13151		REPAIR OF WOUND OR LESION	7/1/2005	RBRVS	\$288.65	\$242.14	10		Y					
13152		REPAIR OF WOUND OR LESION	7/1/2005	RBRVS	\$387.33	\$331.57	10		Y					
13153		REPAIR WOUND/LESION ADD-ON	7/1/2005	RBRVS	\$139.03	\$116.87	ZZZ							
15000		SKIN GRAFT	7/1/2005	RBRVS	\$250.39	\$205.28	0							
15001		SKIN GRAFT ADD-ON	7/1/2005	RBRVS	\$74.57	\$48.20	ZZZ				Y			
15120		SKIN SPLIT GRAFT	7/1/2005	RBRVS	\$654.37	\$571.95	90		Y					
15121		SKIN SPLIT GRAFT ADD-ON	7/1/2005	RBRVS	\$223.44	\$148.90	ZZZ					Y		
15240		SKIN FULL GRAFT	7/1/2005	RBRVS	\$607.87	\$544.81	90		Y					
15241		SKIN FULL GRAFT ADD-ON	7/1/2005	RBRVS	\$135.48	\$92.59	ZZZ							
15260		SKIN FULL GRAFT	7/1/2005	RBRVS	\$634.27	\$588.61	90		Y					
15261		SKIN FULL GRAFT ADD-ON	7/1/2005	RBRVS	\$154.25	\$118.11	ZZZ							
15574		FORM SKIN PEDICLE FLAP	7/1/2005	RBRVS	\$655.78	\$574.76	90		Y					
15576		FORM SKIN PEDICLE FLAP	7/1/2005	RBRVS	\$581.76	\$501.33	90		Y					
15620		SKIN GRAFT	7/1/2005	RBRVS	\$324.17	\$214.87	90		Y					
15630		SKIN GRAFT	7/1/2005	RBRVS	\$313.61	\$232.59	90		Y					
15822		REVISION OF UPPER EYELID	7/1/2005	RBRVS	\$318.70	\$281.15	90	Y	Y	Y				
17000		DESTROY BENIGN/PREMLG LESION	7/1/2005	RBRVS	\$47.61	\$35.59	10		Y					
17003		DESTROY LESIONS, 2-14	7/1/2005	RBRVS	\$8.28	\$7.14	ZZZ							
17280		DESTRUCTION OF SKIN LESIONS	7/1/2005	RBRVS	\$84.73	\$62.31	10		Y					
17281		DESTRUCTION OF SKIN LESIONS	7/1/2005	RBRVS	\$111.36	\$88.68	10		Y					
17282		DESTRUCTION OF SKIN LESIONS	7/1/2005	RBRVS	\$129.38	\$103.90	10		Y					
17283		DESTRUCTION OF SKIN LESIONS	7/1/2005	RBRVS	\$160.77	\$131.34	10		Y					
17284		DESTRUCTION OF SKIN LESIONS	7/1/2005	RBRVS	\$190.88	\$158.09	10		Y					
17286		DESTRUCTION OF SKIN LESIONS	7/1/2005	RBRVS	\$254.89	\$220.41	10		Y					
17999		SKIN TISSUE PROCEDURE	7/1/2003	BY REPORT	\$0.00	\$0.00	10		Y			Y	Y	
20000		INCISION OF ABSCESS	7/1/2005	RBRVS	\$151.54	\$124.66	10		Y					
20005		INCISION OF DEEP ABSCESS	7/1/2005	RBRVS	\$221.91	\$187.16	10		Y					
20200		MUSCLE BIOPSY	7/1/2005	RBRVS	\$138.70	\$74.79	0		Y					
20205		DEEP MUSCLE BIOPSY	7/1/2005	RBRVS	\$195.05	\$119.38	0		Y					
20245		BONE BIOPSY, EXCISIONAL	7/1/2005	RBRVS	\$473.60	\$473.60	10		Y					

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Proc	Mod	Description	Effective	Method	Office	Facility	Days	PA	Mult	Bilat	Assist	CoSurg	Team	Adjust
20605		DRAIN/INJECT JOINT/BURSA	7/1/2005	RBRVS	\$45.82	\$34.61	0		Y	Y				
20670		REMOVAL OF SUPPORT IMPLANT	7/1/2005	RBRVS	\$388.08	\$123.52	10		Y					
20680		REMOVAL OF SUPPORT IMPLANT	7/1/2005	RBRVS	\$370.84	\$229.01	90		Y					
20690		APPLY BONE FIXATION DEVICE	7/1/2005	RBRVS	\$201.83	\$201.83	90		Y	Y				
20692		APPLY BONE FIXATION DEVICE	7/1/2005	RBRVS	\$344.57	\$344.57	90		Y		Y	Y		
20694		REMOVE BONE FIXATION DEVICE	7/1/2005	RBRVS	\$355.69	\$268.80	90		Y					
20900		REMOVAL OF BONE FOR GRAFT	7/1/2005	RBRVS	\$444.89	\$367.55	90		Y		Y	Y		
20902		REMOVAL OF BONE FOR GRAFT	7/1/2005	RBRVS	\$476.27	\$476.27	90		Y		Y	Y		
21010		INCISION OF JAW JOINT	7/1/2005	RBRVS	\$559.47	\$559.47	90		Y	Y				
21025		EXCISION OF BONE, LOWER JAW	7/1/2005	RBRVS	\$708.87	\$627.85	90		Y					
21026		EXCISION OF FACIAL BONE(S)	7/1/2005	RBRVS	\$395.71	\$352.56	90		Y					
21029		CONTOUR OF FACE BONE LESION	7/1/2005	RBRVS	\$541.25	\$475.10	90		Y					
21030		EXCISE MAX/ZYGOMA B9 TUMOR	7/1/2005	RBRVS	\$338.77	\$302.34	90		Y					
21031		REMOVE EXOSTOSIS, MANDIBLE	7/1/2005	RBRVS	\$264.34	\$220.90	90		Y					
21032		REMOVE EXOSTOSIS, MAXILLA	7/1/2005	RBRVS	\$268.80	\$217.51	90		Y					
21040		EXCISE MANDIBLE LESION	7/1/2005	RBRVS	\$341.05	\$294.22	90		Y					
21044		REMOVAL OF JAW BONE LESION	7/1/2005	RBRVS	\$682.08	\$682.08	90		Y		Y	Y		
21045		EXTENSIVE JAW SURGERY	7/1/2005	RBRVS	\$917.54	\$917.54	90		Y		Y	Y		
21050		REMOVAL OF JAW JOINT	7/1/2005	RBRVS	\$656.46	\$656.46	90		Y	Y				
21060		REMOVE JAW JOINT CARTILAGE	7/1/2005	RBRVS	\$614.71	\$614.71	90		Y	Y	Y	Y		
21070		REMOVE CORONOID PROCESS	7/1/2005	RBRVS	\$503.03	\$503.03	90		Y	Y				
21079		PREPARE FACE/ORAL PROSTHESIS	7/1/2005	RBRVS	\$1,419.52	\$1,297.60	90		Y					
21080		PREPARE FACE/ORAL PROSTHESIS	7/1/2005	RBRVS	\$1,610.34	\$1,466.55	90		Y					
21081		PREPARE FACE/ORAL PROSTHESIS	7/1/2005	RBRVS	\$1,463.39	\$1,328.56	90		Y					
21082		PREPARE FACE/ORAL PROSTHESIS	7/1/2005	RBRVS	\$1,311.98	\$1,210.78	90		Y					
21083		PREPARE FACE/ORAL PROSTHESIS	7/1/2005	RBRVS	\$1,238.62	\$1,116.40	90		Y					
21085		PREPARE FACE/ORAL PROSTHESIS	7/1/2005	RBRVS	\$560.97	\$518.67	10		Y					
21087		PREPARE FACE/ORAL PROSTHESIS	7/1/2005	RBRVS	\$1,564.06	\$1,449.44	90		Y					
21089		PREPARE FACE/ORAL PROSTHESIS	7/1/2003	BY REPORT	\$0.00	\$0.00	90							
21100		MAXILLOFACIAL FIXATION	7/1/2005	RBRVS	\$470.66	\$280.37	90		Y					
21110		INTERDENTAL FIXATION	7/1/2005	RBRVS	\$456.55	\$422.92	90		Y					
21116		INJECTION, JAW JOINT X-RAY	7/1/2005	RBRVS	\$149.52	\$37.41	0		Y					
21120		RECONSTRUCTION OF CHIN	7/1/2005	RBRVS	\$474.54	\$387.95	90	Y	Y			Y		
21121		RECONSTRUCTION OF CHIN	7/1/2005	RBRVS	\$547.87	\$494.36	90	Y	Y		Y			
21122		RECONSTRUCTION OF CHIN	7/1/2005	RBRVS	\$550.45	\$550.45	90	Y	Y		Y			
21123		RECONSTRUCTION OF CHIN	7/1/2005	RBRVS	\$707.01	\$707.01	90	Y	Y		Y	Y		
21125		AUGMENTATION, LOWER JAW BONE	7/1/2005	RBRVS	\$1,915.80	\$601.32	90	Y	Y		Y			
21127		AUGMENTATION LOWER JAW BONE	7/1/2005	RBRVS	\$1,606.10	\$671.39	90	Y	Y		Y	Y		
21141		RECONSTRUCT MIDFACE, LEFORT	7/1/2005	RBRVS	\$1,040.11	\$1,040.11	90	Y	Y		Y	Y		
21142		RECONSTRUCT MIDFACE, LEFORT	7/1/2005	RBRVS	\$1,041.19	\$1,041.19	90	Y	Y		Y	Y		
21143		RECONSTRUCT MIDFACE, LEFORT	7/1/2005	RBRVS	\$1,086.81	\$1,086.81	90	Y	Y		Y	Y		
21145		RECONSTRUCT MIDFACE, LEFORT	7/1/2005	RBRVS	\$1,121.23	\$1,121.23	90	Y	Y		Y			
21146		RECONSTRUCT MIDFACE, LEFORT	7/1/2005	RBRVS	\$1,193.77	\$1,193.77	90	Y	Y		Y	Y		
21147		RECONSTRUCT MIDFACE, LEFORT	7/1/2005	RBRVS	\$1,184.22	\$1,184.22	90	Y	Y		Y			
21150		RECONSTRUCT MIDFACE, LEFORT	7/1/2005	RBRVS	\$1,365.55	\$1,365.55	90	Y	Y		Y			
21151		RECONSTRUCT MIDFACE, LEFORT	7/1/2005	RBRVS	\$1,631.39	\$1,631.39	90	Y	Y		Y			
21154		RECONSTRUCT MIDFACE, LEFORT	7/1/2005	RBRVS	\$1,713.48	\$1,713.48	90	Y	Y		Y	Y		

# **Montana Medicaid - Fee Schedule** **Oral Surgeon**

Proc	Mod	Description	Effective	Method	Office	Facility	Days	PA	Mult	Bilat	Assist	CoSurg	Team	Adjust
21155		RECONSTRUCT MIDFACE, LEFORT	7/1/2005	RBRVS	\$1,985.42	\$1,985.42	90	Y	Y		Y			
21159		RECONSTRUCT MIDFACE, LEFORT	7/1/2005	RBRVS	\$2,433.76	\$2,433.76	90	Y	Y		Y	Y		
21160		RECONSTRUCT MIDFACE, LEFORT	7/1/2005	RBRVS	\$2,401.62	\$2,401.62	90	Y	Y		Y			
21188		RECONSTRUCTION OF MIDFACE	7/1/2005	RBRVS	\$1,309.08	\$1,309.08	90	Y	Y		Y			
21193		RECONST LWR JAW W/O GRAFT	7/1/2005	RBRVS	\$977.31	\$977.31	90	Y	Y		Y	Y		
21194		RECONST LWR JAW W/GRAFT	7/1/2005	RBRVS	\$1,089.91	\$1,089.91	90	Y	Y		Y			
21195		RECONST LWR JAW W/O FIXATION	7/1/2005	RBRVS	\$1,023.98	\$1,023.98	90	Y	Y		Y			
21196		RECONST LWR JAW W/FIXATION	7/1/2005	RBRVS	\$1,115.75	\$1,115.75	90	Y	Y		Y	Y		
21198		RECONSTR LWR JAW SEGMENT	7/1/2005	RBRVS	\$859.20	\$859.20	90	Y	Y		Y	Y		
21206		RECONSTRUCT UPPER JAW BONE	7/1/2005	RBRVS	\$851.74	\$851.74	90	Y	Y		Y	Y		
21208		AUGMENTATION OF FACIAL BONES	7/1/2005	RBRVS	\$990.70	\$633.35	90	Y	Y					
21209		REDUCTION OF FACIAL BONES	7/1/2005	RBRVS	\$547.32	\$470.80	90	Y	Y		Y			
21210		FACE BONE GRAFT	7/1/2005	RBRVS	\$1,067.19	\$632.21	90	Y	Y					
21215		LOWER JAW BONE GRAFT	7/1/2005	RBRVS	\$1,568.92	\$657.47	90	Y	Y				Y	
21240		RECONSTRUCTION OF JAW JOINT	7/1/2005	RBRVS	\$860.67	\$860.67	90	Y	Y	Y	Y	Y		
21242		RECONSTRUCTION OF JAW JOINT	7/1/2005	RBRVS	\$796.14	\$796.14	90	Y	Y	Y	Y	Y		
21243		RECONSTRUCTION OF JAW JOINT	7/1/2005	RBRVS	\$1,258.79	\$1,258.79	90	Y	Y	Y	Y	Y		
21244		RECONSTRUCTION OF LOWER JAW	7/1/2005	RBRVS	\$762.12	\$762.12	90	Y	Y		Y	Y		
21245		RECONSTRUCTION OF JAW	7/1/2005	RBRVS	\$824.53	\$697.00	90	Y	Y		Y			
21246		RECONSTRUCTION OF JAW	7/1/2005	RBRVS	\$698.60	\$698.60	90	Y	Y		Y			
21247		RECONSTRUCT LOWER JAW BONE	7/1/2005	RBRVS	\$1,305.29	\$1,305.29	90	Y	Y		Y	Y		
21248		RECONSTRUCTION OF JAW	7/1/2005	RBRVS	\$758.83	\$682.30	90	Y	Y					
21249		RECONSTRUCTION OF JAW	7/1/2005	RBRVS	\$1,111.09	\$998.13	90	Y	Y					
21299		CRANIO/MAXILLOFACIAL SURGERY	7/1/2003	BY REPORT	\$0.00	\$0.00	90		Y			Y	Y	
21315		TREATMENT OF NOSE FRACTURE	7/1/2005	RBRVS	\$171.88	\$106.02	10		Y					
21320		TREATMENT OF NOSE FRACTURE	7/1/2005	RBRVS	\$175.17	\$111.00	10		Y					
21325		TREATMENT OF NOSE FRACTURE	7/1/2005	RBRVS	\$373.25	\$373.25	90		Y					
21330		TREATMENT OF NOSE FRACTURE	7/1/2005	RBRVS	\$463.95	\$463.95	90		Y					
21335		TREATMENT OF NOSE FRACTURE	7/1/2005	RBRVS	\$571.69	\$571.69	90		Y					
21336		TREAT NASAL SEPTAL FRACTURE	7/1/2005	RBRVS	\$471.94	\$471.94	90		Y					
21337		TREAT NASAL SEPTAL FRACTURE	7/1/2005	RBRVS	\$267.76	\$196.29	90		Y					
21340		TREATMENT OF NOSE FRACTURE	7/1/2005	RBRVS	\$619.37	\$619.37	90		Y					
21343		TREATMENT OF SINUS FRACTURE	7/1/2005	RBRVS	\$898.86	\$898.86	90		Y		Y	Y		
21344		TREATMENT OF SINUS FRACTURE	7/1/2005	RBRVS	\$1,173.08	\$1,173.08	90		Y		Y	Y		
21345		TREAT NOSE/JAW FRACTURE	7/1/2005	RBRVS	\$568.50	\$493.67	90		Y					
21346		TREAT NOSE/JAW FRACTURE	7/1/2005	RBRVS	\$722.13	\$722.13	90		Y			Y		
21347		TREAT NOSE/JAW FRACTURE	7/1/2005	RBRVS	\$909.39	\$909.39	90		Y		Y	Y		
21348		TREAT NOSE/JAW FRACTURE	7/1/2005	RBRVS	\$927.09	\$927.09	90		Y		Y	Y		
21355		TREAT CHEEK BONE FRACTURE	7/1/2005	RBRVS	\$307.16	\$230.09	10		Y					
21360		TREAT CHEEK BONE FRACTURE	7/1/2005	RBRVS	\$397.63	\$397.63	90		Y		Y			
21365		TREAT CHEEK BONE FRACTURE	7/1/2005	RBRVS	\$839.29	\$839.29	90		Y		Y	Y		
21366		TREAT CHEEK BONE FRACTURE	7/1/2005	RBRVS	\$968.77	\$968.77	90		Y		Y	Y		
21385		TREAT EYE SOCKET FRACTURE	7/1/2005	RBRVS	\$558.56	\$558.56	90		Y		Y	Y		
21400		TREAT EYE SOCKET FRACTURE	7/1/2005	RBRVS	\$122.90	\$102.17	90		Y					
21406		TREAT EYE SOCKET FRACTURE	7/1/2005	RBRVS	\$419.76	\$419.76	90		Y		Y	Y		
21421		TREAT MOUTH ROOF FRACTURE	7/1/2005	RBRVS	\$449.03	\$420.41	90		Y					
21422		TREAT MOUTH ROOF FRACTURE	7/1/2005	RBRVS	\$526.46	\$526.46	90		Y		Y	Y		

Please see first page for a complete description  
of information contained in the fee schedules.

# **Montana Medicaid - Fee Schedule** **Oral Surgeon**

Proc	Mod	Description	Effective	Method	Office	Facility	Days	PA	Mult	Bilat	Assist	CoSurg	Team	Adjust
21423		TREAT MOUTH ROOF FRACTURE	7/1/2005	RBRVS	\$636.03	\$636.03	90		Y		Y	Y		
21431		TREAT CRANIOFACIAL FRACTURE	7/1/2005	RBRVS	\$516.88	\$516.88	90		Y		Y			
21432		TREAT CRANIOFACIAL FRACTURE	7/1/2005	RBRVS	\$530.04	\$530.04	90		Y		Y			
21433		TREAT CRANIOFACIAL FRACTURE	7/1/2005	RBRVS	\$1,365.52	\$1,365.52	90		Y		Y	Y		
21435		TREAT CRANIOFACIAL FRACTURE	7/1/2005	RBRVS	\$974.90	\$974.90	90		Y		Y			
21436		TREAT CRANIOFACIAL FRACTURE	7/1/2005	RBRVS	\$1,513.32	\$1,513.32	90		Y		Y	Y		
21440		TREAT DENTAL RIDGE FRACTURE	7/1/2005	RBRVS	\$297.87	\$271.54	90		Y					
21445		TREAT DENTAL RIDGE FRACTURE	7/1/2005	RBRVS	\$470.66	\$431.98	90		Y		Y			
21450		TREAT LOWER JAW FRACTURE	7/1/2005	RBRVS	\$312.77	\$298.46	90		Y					
21451		TREAT LOWER JAW FRACTURE	7/1/2005	RBRVS	\$438.11	\$411.48	90		Y					
21452		TREAT LOWER JAW FRACTURE	7/1/2005	RBRVS	\$437.39	\$201.70	90		Y					
21453		TREAT LOWER JAW FRACTURE	7/1/2005	RBRVS	\$502.73	\$502.47	90		Y					
21454		TREAT LOWER JAW FRACTURE	7/1/2005	RBRVS	\$409.53	\$409.53	90		Y			Y		
21461		TREAT LOWER JAW FRACTURE	7/1/2005	RBRVS	\$977.44	\$646.72	90		Y		Y	Y		
21462		TREAT LOWER JAW FRACTURE	7/1/2005	RBRVS	\$1,129.41	\$711.80	90		Y		Y	Y		
21465		TREAT LOWER JAW FRACTURE	7/1/2005	RBRVS	\$706.36	\$706.36	90		Y		Y	Y		
21470		TREAT LOWER JAW FRACTURE	7/1/2005	RBRVS	\$893.32	\$893.32	90		Y		Y	Y		
21480		RESET DISLOCATED JAW	7/1/2005	RBRVS	\$71.24	\$26.98	0		Y	Y				
21485		RESET DISLOCATED JAW	7/1/2005	RBRVS	\$374.82	\$359.14	90		Y	Y				
21490		REPAIR DISLOCATED JAW	7/1/2005	RBRVS	\$714.60	\$714.60	90		Y	Y	Y	Y		
21497		INTERDENTAL WIRING	7/1/2005	RBRVS	\$377.03	\$354.32	90		Y					
21499		HEAD SURGERY PROCEDURE	7/1/2003	BY REPORT	\$0.00	\$0.00	90		Y			Y	Y	
29800		JAW ARTHROSCOPY/SURGERY	7/1/2005	RBRVS	\$433.45	\$433.45	90	Y	Y	Y				
29804		JAW ARTHROSCOPY/SURGERY	7/1/2005	RBRVS	\$519.19	\$519.19	90	Y	Y	Y	Y	Y		
30580		REPAIR UPPER JAW FISTULA	7/1/2005	RBRVS	\$461.70	\$406.20	90		Y					
30600		REPAIR MOUTH/NOSE FISTULA	7/1/2005	RBRVS	\$426.67	\$356.60	90		Y					
31020		EXPLORATION, MAXILLARY SINUS	7/1/2005	RBRVS	\$343.43	\$249.54	90		Y	Y				
31030		EXPLORATION, MAXILLARY SINUS	7/1/2005	RBRVS	\$532.00	\$396.36	90		Y	Y				
31032		EXPLORE SINUS REMOVE POLYPS	7/1/2005	RBRVS	\$434.10	\$434.10	90		Y	Y				
31299		SINUS SURGERY PROCEDURE	7/1/2003	BY REPORT	\$0.00	\$0.00	90		Y			Y	Y	
40490		BIOPSY OF LIP	7/1/2005	RBRVS	\$87.21	\$58.63	0		Y					
40500		PARTIAL EXCISION OF LIP	7/1/2005	RBRVS	\$343.76	\$272.00	90		Y					
40510		PARTIAL EXCISION OF LIP	7/1/2005	RBRVS	\$352.27	\$279.39	90		Y					
40520		PARTIAL EXCISION OF LIP	7/1/2005	RBRVS	\$378.50	\$282.39	90		Y					
40650		REPAIR LIP	7/1/2005	RBRVS	\$319.81	\$221.71	90		Y					
40652		REPAIR LIP	7/1/2005	RBRVS	\$370.16	\$272.65	90		Y					
40654		REPAIR LIP	7/1/2005	RBRVS	\$431.43	\$328.57	90		Y					
40800		DRAINAGE OF MOUTH LESION	7/1/2005	RBRVS	\$124.62	\$91.28	10		Y					
40801		DRAINAGE OF MOUTH LESION	7/1/2005	RBRVS	\$204.24	\$168.39	10		Y					
40804		REMOVAL, FOREIGN BODY, MOUTH	7/1/2005	RBRVS	\$138.67	\$95.49	10		Y					
40805		REMOVAL FOREIGN BODY MOUTH	7/1/2005	RBRVS	\$222.36	\$175.56	10		Y					
40806		INCISION OF LIP FOLD	7/1/2005	RBRVS	\$62.57	\$25.29	0		Y					
40808		BIOPSY OF MOUTH LESION	7/1/2005	RBRVS	\$108.49	\$75.71	10		Y					
40810		EXCISION OF MOUTH LESION	7/1/2005	RBRVS	\$127.23	\$93.04	10		Y					
40812		EXCISE/REPAIR MOUTH LESION	7/1/2005	RBRVS	\$187.78	\$150.79	10		Y					
40814		EXCISE/REPAIR MOUTH LESION	7/1/2005	RBRVS	\$261.67	\$232.24	90		Y					
40816		EXCISION OF MOUTH LESION	7/1/2005	RBRVS	\$276.27	\$243.48	90		Y					

# Montana Medicaid - Fee Schedule

## Oral Surgeon

Proc	Mod	Description	Effective	Method	Office	Facility	Days	PA	Mult	Bilat	Assist	CoSurg	Team	Adjust
40818		EXCISE ORAL MUCOSA FOR GRAFT	7/1/2005	RBRVS	\$229.63	\$196.00	90		Y					
40819		EXCISE LIP OR CHEEK FOLD	7/1/2005	RBRVS	\$200.85	\$173.09	90		Y					
40820		TREATMENT OF MOUTH LESION	7/1/2005	RBRVS	\$155.10	\$113.35	10		Y					
40830		REPAIR MOUTH LACERATION	7/1/2005	RBRVS	\$167.22	\$121.53	10		Y					
40831		REPAIR MOUTH LACERATION	7/1/2005	RBRVS	\$219.33	\$174.19	10		Y					
40840		RECONSTRUCTION OF MOUTH	7/1/2005	RBRVS	\$589.23	\$510.46	90		Y		Y			
40842		RECONSTRUCTION OF MOUTH	7/1/2005	RBRVS	\$597.96	\$506.02	90		Y					
40843		RECONSTRUCTION OF MOUTH	7/1/2005	RBRVS	\$769.29	\$653.23	90		Y		Y			
40844		RECONSTRUCTION OF MOUTH	7/1/2005	RBRVS	\$1,020.85	\$903.13	90		Y		Y			
40845		RECONSTRUCTION OF MOUTH	7/1/2005	RBRVS	\$1,141.33	\$1,033.43	90		Y					
40899		MOUTH SURGERY PROCEDURE	7/1/2003	BY REPORT	\$0.00	\$0.00	90		Y			Y	Y	
41000		DRAINAGE OF MOUTH LESION	7/1/2005	RBRVS	\$110.64	\$85.42	10		Y					
41005		DRAINAGE OF MOUTH LESION	7/1/2005	RBRVS	\$137.92	\$92.82	10		Y					
41006		DRAINAGE OF MOUTH LESION	7/1/2005	RBRVS	\$250.16	\$204.76	90		Y					
41007		DRAINAGE OF MOUTH LESION	7/1/2005	RBRVS	\$254.23	\$194.79	90		Y					
41008		DRAINAGE OF MOUTH LESION	7/1/2005	RBRVS	\$253.03	\$211.57	90		Y					
41009		DRAINAGE OF MOUTH LESION	7/1/2005	RBRVS	\$269.52	\$230.28	90		Y					
41010		INCISION OF TONGUE FOLD	7/1/2005	RBRVS	\$132.77	\$81.74	10		Y					
41015		DRAINAGE OF MOUTH LESION	7/1/2005	RBRVS	\$293.64	\$258.31	90		Y					
41016		DRAINAGE OF MOUTH LESION	7/1/2005	RBRVS	\$304.88	\$265.90	90		Y					
41017		DRAINAGE OF MOUTH LESION	7/1/2005	RBRVS	\$305.73	\$268.44	90		Y					
41018		DRAINAGE OF MOUTH LESION	7/1/2005	RBRVS	\$357.12	\$313.42	90		Y					
41100		BIOPSY OF TONGUE	7/1/2005	RBRVS	\$125.37	\$97.35	10		Y					
41105		BIOPSY OF TONGUE	7/1/2005	RBRVS	\$114.59	\$87.11	10		Y					
41108		BIOPSY OF FLOOR OF MOUTH	7/1/2005	RBRVS	\$95.20	\$68.83	10		Y					
41110		EXCISION OF TONGUE LESION	7/1/2005	RBRVS	\$136.55	\$99.01	10		Y					
41112		EXCISION OF TONGUE LESION	7/1/2005	RBRVS	\$222.79	\$187.75	90		Y					
41113		EXCISION OF TONGUE LESION	7/1/2005	RBRVS	\$246.84	\$211.25	90		Y					
41114		EXCISION OF TONGUE LESION	7/1/2005	RBRVS	\$501.69	\$501.69	90		Y					
41115		EXCISION OF TONGUE FOLD	7/1/2005	RBRVS	\$154.22	\$113.87	10		Y					
41116		EXCISION OF MOUTH LESION	7/1/2005	RBRVS	\$208.22	\$164.78	90		Y					
41120		PARTIAL REMOVAL OF TONGUE	7/1/2005	RBRVS	\$771.63	\$771.63	90		Y		Y	Y		
41130		PARTIAL REMOVAL OF TONGUE	7/1/2005	RBRVS	\$845.06	\$845.06	90		Y		Y	Y		
41150		TONGUE, MOUTH, JAW SURGERY	7/1/2005	RBRVS	\$1,501.68	\$1,501.68	90		Y		Y	Y		
41153		TONGUE, MOUTH, NECK SURGERY	7/1/2005	RBRVS	\$1,535.58	\$1,535.58	90		Y		Y	Y		
41250		REPAIR TONGUE LACERATION	7/1/2005	RBRVS	\$144.63	\$100.93	10		Y					
41251		REPAIR TONGUE LACERATION	7/1/2005	RBRVS	\$172.11	\$123.91	10		Y					
41252		REPAIR TONGUE LACERATION	7/1/2005	RBRVS	\$214.38	\$168.39	10		Y					
41500		FIXATION OF TONGUE	7/1/2005	RBRVS	\$338.22	\$338.22	90		Y					
41510		TONGUE TO LIP SURGERY	7/1/2005	RBRVS	\$339.29	\$339.29	90		Y					
41520		RECONSTRUCTION, TONGUE FOLD	7/1/2005	RBRVS	\$226.40	\$198.38	90		Y					
41599		TONGUE AND MOUTH SURGERY	7/1/2003	BY REPORT	\$0.00	\$0.00	90		Y			Y	Y	
41800		DRAINAGE OF GUM LESION	7/1/2005	RBRVS	\$114.26	\$77.53	10		Y					
41805		REMOVAL FOREIGN BODY GUM	7/1/2005	RBRVS	\$119.08	\$106.18	10		Y					
41806		REMOVAL FOREIGN BODY JAWBONE	7/1/2005	RBRVS	\$198.60	\$183.19	10		Y					
41820		EXCISION, GUM, EACH QUADRANT	7/1/2003	BY REPORT	\$0.00	\$0.00	0		Y					
41821		EXCISION OF GUM FLAP	7/1/2003	BY REPORT	\$0.00	\$0.00	0		Y					



# **Montana Medicaid - Fee Schedule** **Oral Surgeon**

Proc	Mod	Description	Effective	Method	Office	Facility	Days	PA	Mult	Bilat	Assist	CoSurg	Team	Adjust
41822		EXCISION OF GUM LESION	7/1/2005	RBRVS	\$193.45	\$136.81	10		Y					
41823		EXCISION OF GUM LESION	7/1/2005	RBRVS	\$276.92	\$233.47	90		Y					
41825		EXCISION OF GUM LESION	7/1/2005	RBRVS	\$132.87	\$109.89	10		Y					
41826		EXCISION OF GUM LESION	7/1/2005	RBRVS	\$152.23	\$142.97	10		Y					
41827		EXCISION OF GUM LESION	7/1/2005	RBRVS	\$275.87	\$224.02	90		Y					
41828		EXCISION OF GUM LESION	7/1/2005	RBRVS	\$220.18	\$196.62	10		Y					
41830		REMOVAL OF GUM TISSUE	7/1/2005	RBRVS	\$260.82	\$223.27	10		Y					
41850		TREATMENT OF GUM LESION	7/1/2003	BY REPORT	\$0.00	\$0.00	0		Y					
41870		GUM GRAFT	7/1/2003	BY REPORT	\$0.00	\$0.00	0		Y					
41872		REPAIR GUM	7/1/2005	RBRVS	\$233.93	\$190.23	90		Y					
41874		REPAIR TOOTH SOCKET	7/1/2005	RBRVS	\$249.31	\$202.51	90		Y					
41899		DENTAL SURGERY PROCEDURE	7/1/2003	BY REPORT	\$0.00	\$0.00	10		Y			Y	Y	
42000		DRAINAGE MOUTH ROOF LESION	7/1/2005	RBRVS	\$115.37	\$78.64	10		Y					
42100		BIOPSY ROOF OF MOUTH	7/1/2005	RBRVS	\$104.81	\$84.64	10		Y					
42104		EXCISION LESION MOUTH ROOF	7/1/2005	RBRVS	\$129.35	\$101.62	10		Y					
42106		EXCISION LESION MOUTH ROOF	7/1/2005	RBRVS	\$166.05	\$144.18	10		Y					
42107		EXCISION LESION, MOUTH ROOF	7/1/2005	RBRVS	\$317.65	\$268.35	90		Y					
42120		REMOVE PALATE/LESION	7/1/2005	RBRVS	\$546.53	\$546.53	90		Y		Y	Y		
42140		EXCISION OF UVULA	7/1/2005	RBRVS	\$160.90	\$115.21	90		Y					
42145		REPAIR PALATE, PHARYNX/UVULA	7/1/2005	RBRVS	\$491.10	\$491.10	90		Y					
42160		TREATMENT MOUTH ROOF LESION	7/1/2005	RBRVS	\$182.80	\$127.85	10		Y					
42180		REPAIR PALATE	7/1/2005	RBRVS	\$173.70	\$146.52	10		Y					
42182		REPAIR PALATE	7/1/2005	RBRVS	\$244.75	\$221.19	10		Y					
42200		RECONSTRUCT CLEFT PALATE	7/1/2005	RBRVS	\$714.01	\$714.01	90		Y		Y			
42205		RECONSTRUCT CLEFT PALATE	7/1/2005	RBRVS	\$760.65	\$760.65	90		Y		Y			
42210		RECONSTRUCT CLEFT PALATE	7/1/2005	RBRVS	\$856.14	\$856.14	90		Y		Y			
42215		RECONSTRUCT CLEFT PALATE	7/1/2005	RBRVS	\$579.61	\$579.61	90		Y		Y			
42220		RECONSTRUCT CLEFT PALATE	7/1/2005	RBRVS	\$439.70	\$439.70	90		Y		Y			
42225		RECONSTRUCT CLEFT PALATE	7/1/2005	RBRVS	\$814.95	\$814.95	90		Y		Y			
42226		LENGTHENING OF PALATE	7/1/2005	RBRVS	\$767.33	\$767.33	90		Y		Y			
42227		LENGTHENING OF PALATE	7/1/2005	RBRVS	\$774.34	\$774.34	90		Y		Y			
42235		REPAIR PALATE	7/1/2005	RBRVS	\$609.76	\$609.76	90		Y		Y			
42260		REPAIR NOSE TO LIP FISTULA	7/1/2005	RBRVS	\$641.47	\$553.77	90		Y		Y			
42280		PREPARATION, PALATE MOLD	7/1/2005	RBRVS	\$110.71	\$87.73	10		Y					
42281		INSERTION PALATE PROSTHESIS	7/1/2005	RBRVS	\$141.60	\$120.32	10		Y					
42299		PALATE/UVULA SURGERY	7/1/2003	BY REPORT	\$0.00	\$0.00	90		Y		Y	Y	Y	
42300		DRAINAGE OF SALIVARY GLAND	7/1/2005	RBRVS	\$146.66	\$118.33	10		Y					
42305		DRAINAGE OF SALIVARY GLAND	7/1/2005	RBRVS	\$345.39	\$345.39	90		Y					
42310		DRAINAGE OF SALIVARY GLAND	7/1/2005	RBRVS	\$118.01	\$97.84	10		Y					
42320		DRAINAGE OF SALIVARY GLAND	7/1/2005	RBRVS	\$174.42	\$141.34	10		Y					
42325		CREATE SALIVARY CYST DRAIN	7/1/2005	RBRVS	\$226.50	\$161.74	90		Y		Y			
42326		CREATE SALIVARY CYST DRAIN	7/1/2005	RBRVS	\$296.76	\$219.69	90		Y		Y			
42330		REMOVAL OF SALIVARY STONE	7/1/2005	RBRVS	\$165.62	\$129.19	10		Y					
42335		REMOVAL OF SALIVARY STONE	7/1/2005	RBRVS	\$254.04	\$204.73	90		Y					
42340		REMOVAL OF SALIVARY STONE	7/1/2005	RBRVS	\$331.54	\$272.42	90		Y					
42400		BIOPSY OF SALIVARY GLAND	7/1/2005	RBRVS	\$73.43	\$47.35	0		Y					
42405		BIOPSY OF SALIVARY GLAND	7/1/2005	RBRVS	\$227.58	\$184.13	10		Y					

# Montana Medicaid - Fee Schedule

## Oral Surgeon

Proc	Mod	Description	Effective	Method	Office	Facility	Days	PA	Mult	Bilat	Assist	CoSurg	Team	Adjust
42408		EXCISION OF SALIVARY CYST	7/1/2005	RBRVS	\$326.52	\$262.06	90		Y					
42410		EXCISE PAROTID GLAND/LESION	7/1/2005	RBRVS	\$505.21	\$505.21	90		Y		Y	Y		
42415		EXCISE PAROTID GLAND/LESION	7/1/2005	RBRVS	\$896.84	\$896.84	90		Y		Y	Y		
42420		EXCISE PAROTID GLAND/LESION	7/1/2005	RBRVS	\$1,033.36	\$1,033.36	90		Y		Y	Y		
42425		EXCISE PAROTID GLAND/LESION	7/1/2005	RBRVS	\$698.27	\$698.27	90		Y		Y	Y		
42426		EXCISE PAROTID GLAND/LESION	7/1/2005	RBRVS	\$1,111.03	\$1,111.03	90		Y		Y	Y		
42440		EXCISE SUBMAXILLARY GLAND	7/1/2005	RBRVS	\$378.76	\$378.76	90		Y		Y	Y		
42450		EXCISE SUBLINGUAL GLAND	7/1/2005	RBRVS	\$327.99	\$281.74	90		Y					
42500		REPAIR SALIVARY DUCT	7/1/2005	RBRVS	\$311.07	\$269.03	90		Y					
42505		REPAIR SALIVARY DUCT	7/1/2005	RBRVS	\$417.12	\$367.81	90		Y					
42507		PAROTID DUCT DIVERSION	7/1/2005	RBRVS	\$396.26	\$396.26	90		Y		Y			
42508		PAROTID DUCT DIVERSION	7/1/2005	RBRVS	\$560.65	\$560.65	90		Y		Y			
42509		PAROTID DUCT DIVERSION	7/1/2005	RBRVS	\$688.43	\$688.43	90		Y					
42510		PAROTID DUCT DIVERSION	7/1/2005	RBRVS	\$503.06	\$503.06	90		Y		Y	Y		
42550		INJECTION FOR SALIVARY X-RAY	7/1/2005	RBRVS	\$132.77	\$54.29	0		Y					
42600		CLOSURE OF SALIVARY FISTULA	7/1/2005	RBRVS	\$353.86	\$284.90	90		Y					
42650		DILATION OF SALIVARY DUCT	7/1/2005	RBRVS	\$57.98	\$47.06	0		Y					
42660		DILATION OF SALIVARY DUCT	7/1/2005	RBRVS	\$77.30	\$63.29	0		Y					
42665		LIGATION OF SALIVARY DUCT	7/1/2005	RBRVS	\$206.10	\$161.81	90		Y					
42699		SALIVARY SURGERY PROCEDURE	7/1/2003	BY REPORT	\$0.00	\$0.00	90		Y		Y	Y	Y	
42900		REPAIR THROAT WOUND	7/1/2005	RBRVS	\$288.98	\$288.98	10		Y					
64600		INJECTION TREATMENT OF NERVE	7/1/2005	RBRVS	\$383.88	\$168.07	10		Y					
64612		DESTROY NERVE, FACE MUSCLE	7/1/2005	RBRVS	\$136.91	\$104.42	10		Y	Y				
64732		INCISION OF BROW NERVE	7/1/2005	RBRVS	\$269.19	\$269.19	90		Y		Y			
64734		INCISION OF CHEEK NERVE	7/1/2005	RBRVS	\$299.47	\$299.47	90		Y					
64738		INCISION OF JAW NERVE	7/1/2005	RBRVS	\$347.15	\$347.15	90		Y		Y			
64740		INCISION OF TONGUE NERVE	7/1/2005	RBRVS	\$345.68	\$345.68	90		Y		Y			
70100		X-RAY EXAM OF JAW	7/1/2005	RBRVS	\$23.01	\$23.01	XXX							
70100	TC	X-RAY EXAM OF JAW	7/1/2005	RBRVS	\$15.15	\$15.15	XXX							
70100	26	X-RAY EXAM OF JAW	7/2/2004	RBRVS	\$7.85	\$7.85	XXX							
70300		X-RAY EXAM OF TEETH	7/1/2005	RBRVS	\$12.84	\$12.84	XXX							
70300	TC	X-RAY EXAM OF TEETH	7/1/2005	RBRVS	\$7.89	\$7.89	XXX							
70300	26	X-RAY EXAM OF TEETH	7/2/2004	RBRVS	\$4.95	\$4.95	XXX							
70328		X-RAY EXAM OF JAW JOINT	7/1/2005	RBRVS	\$22.16	\$22.16	XXX							
70328	TC	X-RAY EXAM OF JAW JOINT	7/1/2005	RBRVS	\$14.31	\$14.31	XXX							
70328	26	X-RAY EXAM OF JAW JOINT	7/2/2004	RBRVS	\$7.85	\$7.85	XXX							
70330		X-RAY EXAM OF JAW JOINTS	7/1/2005	RBRVS	\$35.36	\$35.36	XXX							
70330	TC	X-RAY EXAM OF JAW JOINTS	7/1/2005	RBRVS	\$25.03	\$25.03	XXX							
70330	26	X-RAY EXAM OF JAW JOINTS	7/2/2004	RBRVS	\$10.36	\$10.36	XXX							
70332		X-RAY EXAM OF JAW JOINT	7/1/2005	RBRVS	\$86.49	\$86.49	XXX			Y				
70332	TC	X-RAY EXAM OF JAW JOINT	7/1/2005	RBRVS	\$62.38	\$62.38	XXX			Y				
70332	26	X-RAY EXAM OF JAW JOINT	7/1/2005	RBRVS	\$24.08	\$24.08	XXX			Y				
70350		X-RAY HEAD FOR ORTHODONTIA	7/1/2005	RBRVS	\$19.03	\$19.03	XXX							
70350	TC	X-RAY HEAD FOR ORTHODONTIA	7/1/2005	RBRVS	\$11.24	\$11.24	XXX							
70350	26	X-RAY HEAD FOR ORTHODONTIA	7/2/2004	RBRVS	\$7.79	\$7.79	XXX							
70355		PANORAMIC X-RAY OF JAWS	7/1/2005	RBRVS	\$25.94	\$25.94	XXX							
70355	TC	PANORAMIC X-RAY OF JAWS	7/1/2005	RBRVS	\$17.14	\$17.14	XXX							

# **Montana Medicaid - Fee Schedule** **Oral Surgeon**

Proc	Mod	Description	Effective	Method	Office	Facility	Days	PA	Mult	Bilat	Assist	CoSurg	Team	Adjust
70355	26	PANORAMIC X-RAY OF JAWS	7/1/2005	RBRVS	\$8.77	\$8.77	XXX							
70380		X-RAY EXAM OF SALIVARY GLAND	7/1/2005	RBRVS	\$27.47	\$27.47	XXX							
70380	TC	X-RAY EXAM OF SALIVARY GLAND	7/1/2005	RBRVS	\$19.95	\$19.95	XXX							
70380	26	X-RAY EXAM OF SALIVARY GLAND	7/2/2004	RBRVS	\$7.53	\$7.53	XXX							
76100		X-RAY EXAM OF BODY SECTION	7/1/2005	RBRVS	\$62.21	\$62.21	XXX							
76100	TC	X-RAY EXAM OF BODY SECTION	7/1/2005	RBRVS	\$37.09	\$37.09	XXX							
76100	26	X-RAY EXAM OF BODY SECTION	7/1/2005	RBRVS	\$25.13	\$25.13	XXX							
76499		RADIOGRAPHIC PROCEDURE	7/1/2003	BY REPORT	\$0.00	\$0.00	XXX							
76499	TC	RADIOGRAPHIC PROCEDURE	7/1/2003	BY REPORT	\$0.00	\$0.00	XXX							
76499	26	RADIOGRAPHIC PROCEDURE	7/1/2003	BY REPORT	\$0.00	\$0.00	XXX							
93040		RHYTHM ECG WITH REPORT	7/1/2005	RBRVS	\$11.41	\$11.41	XXX							
99070		SPECIAL SUPPLIES	7/1/2003	RBRVS	\$0.00	\$0.00	XXX							
99201		OFFICE/OUTPATIENT VISIT, NEW	7/1/2005	RBRVS	\$29.30	\$19.75	XXX							
99202		OFFICE/OUTPATIENT VISIT, NEW	7/1/2005	RBRVS	\$52.31	\$38.85	XXX							
99203		OFFICE/OUTPATIENT VISIT, NEW	7/1/2005	RBRVS	\$77.99	\$59.77	XXX							
99204		OFFICE/OUTPATIENT VISIT, NEW	7/1/2005	RBRVS	\$110.74	\$88.61	XXX							
99205		OFFICE/OUTPATIENT VISIT, NEW	7/1/2005	RBRVS	\$140.76	\$117.78	XXX							
99211		OFFICE/OUTPATIENT VISIT, EST	7/1/2005	RBRVS	\$16.75	\$7.53	XXX							
99212		OFFICE/OUTPATIENT VISIT, EST	7/1/2005	RBRVS	\$30.70	\$20.04	XXX							
99213		OFFICE/OUTPATIENT VISIT, EST	7/1/2005	RBRVS	\$42.07	\$29.46	XXX							
99214		OFFICE/OUTPATIENT VISIT, EST	7/1/2005	RBRVS	\$66.19	\$48.82	XXX							
99215		OFFICE/OUTPATIENT VISIT, EST	7/1/2005	RBRVS	\$97.05	\$78.25	XXX							
99221		INITIAL HOSPITAL CARE	7/1/2005	RBRVS	\$56.38	\$56.38	XXX							
99222		INITIAL HOSPITAL CARE	7/1/2005	RBRVS	\$93.44	\$93.44	XXX							
99223		INITIAL HOSPITAL CARE	7/1/2005	RBRVS	\$130.13	\$130.13	XXX							
99231		SUBSEQUENT HOSPITAL CARE	7/1/2005	RBRVS	\$28.19	\$28.19	XXX							
99232		SUBSEQUENT HOSPITAL CARE	7/1/2005	RBRVS	\$46.08	\$46.08	XXX							
99233		SUBSEQUENT HOSPITAL CARE	7/1/2005	RBRVS	\$65.54	\$65.54	XXX							
99238		HOSPITAL DISCHARGE DAY	7/1/2005	RBRVS	\$58.34	\$58.34	XXX							
99241		OFFICE CONSULTATION	7/1/2005	RBRVS	\$40.28	\$28.48	XXX							
99242		OFFICE CONSULTATION	7/1/2005	RBRVS	\$74.14	\$57.88	XXX							
99243		OFFICE CONSULTATION	7/1/2005	RBRVS	\$98.85	\$77.53	XXX							
99244		OFFICE CONSULTATION	7/1/2005	RBRVS	\$139.81	\$114.59	XXX							
99245		OFFICE CONSULTATION	7/1/2005	RBRVS	\$181.27	\$152.39	XXX							
99251		INITIAL INPATIENT CONSULT	7/1/2005	RBRVS	\$29.72	\$29.72	XXX							
99252		INITIAL INPATIENT CONSULT	7/1/2005	RBRVS	\$59.67	\$59.67	XXX							
99253		INITIAL INPATIENT CONSULT	7/1/2005	RBRVS	\$81.61	\$81.61	XXX							
99254		INITIAL INPATIENT CONSULT	7/1/2005	RBRVS	\$117.32	\$117.32	XXX							
99255		INITIAL INPATIENT CONSULT	7/1/2005	RBRVS	\$161.78	\$161.78	XXX							
99261		FOLLOW-UP INPATIENT CONSULT	7/1/2005	RBRVS	\$18.48	\$18.48	XXX							
99262		FOLLOW-UP INPATIENT CONSULT	7/1/2005	RBRVS	\$37.58	\$37.58	XXX							
99263		FOLLOW-UP INPATIENT CONSULT	7/1/2005	RBRVS	\$55.76	\$55.76	XXX							
99271		CONFIRMATORY CONSULTATION	7/1/2005	RBRVS	\$30.96	\$20.04	XXX							
99272		CONFIRMATORY CONSULTATION	7/1/2005	RBRVS	\$52.40	\$37.84	XXX							
99273		CONFIRMATORY CONSULTATION	7/1/2005	RBRVS	\$72.84	\$54.33	XXX							
99274		CONFIRMATORY CONSULTATION	7/1/2005	RBRVS	\$98.32	\$77.86	XXX							
99275		CONFIRMATORY CONSULTATION	7/1/2005	RBRVS	\$125.67	\$102.95	XXX							

Please see first page for a complete description  
of information contained in the fee schedules.

# **Montana Medicaid - Fee Schedule** **Oral Surgeon**

Proc	Mod	Description	Effective	Method	Office	Facility	Days	PA	Mult	Bilat	Assist	CoSurg	Team	Adjust
99281		EMERGENCY DEPT VISIT	7/2/2004	RBRVS	\$13.85	\$13.85	XXX							
99282		EMERGENCY DEPT VISIT	7/1/2005	RBRVS	\$23.04	\$23.04	XXX							
99283		EMERGENCY DEPT VISIT	7/1/2005	RBRVS	\$51.75	\$51.75	XXX							
99284		EMERGENCY DEPT VISIT	7/1/2005	RBRVS	\$80.86	\$80.86	XXX							
99285		EMERGENCY DEPT VISIT	7/1/2005	RBRVS	\$126.68	\$126.68	XXX							
99301		NURSING FACILITY CARE	7/1/2005	RBRVS	\$54.59	\$54.59	XXX							
99302		NURSING FACILITY CARE	7/1/2005	RBRVS	\$72.48	\$72.48	XXX							
99303		NURSING FACILITY CARE	7/1/2005	RBRVS	\$89.46	\$89.46	XXX							
99311		NURSING FAC CARE, SUBSEQ	7/1/2005	RBRVS	\$27.99	\$27.99	XXX							
99312		NURSING FAC CARE, SUBSEQ	7/1/2005	RBRVS	\$46.38	\$46.38	XXX							
99313		NURSING FAC CARE, SUBSEQ	7/1/2005	RBRVS	\$65.41	\$65.41	XXX							
99321		REST HOME VISIT, NEW PATIENT	7/1/2005	RBRVS	\$33.57	\$33.57	XXX							
99322		REST HOME VISIT, NEW PATIENT	7/1/2005	RBRVS	\$47.29	\$47.29	XXX							
99323		REST HOME VISIT, NEW PATIENT	7/1/2005	RBRVS	\$58.60	\$58.60	XXX							
99331		REST HOME VISIT, EST PAT	7/1/2005	RBRVS	\$29.40	\$29.40	XXX							
99332		REST HOME VISIT, EST PAT	7/1/2005	RBRVS	\$37.61	\$37.61	XXX							
99333		REST HOME VISIT, EST PAT	7/1/2005	RBRVS	\$46.67	\$46.67	XXX							
99361		PHYSICIAN/TEAM CONFERENCE	7/1/2003	RBRVS	\$0.00	\$0.00	XXX							
99362		PHYSICIAN/TEAM CONFERENCE	7/1/2003	RBRVS	\$0.00	\$0.00	XXX							
99381		PREV VISIT, NEW, INFANT	7/1/2005	RBRVS	\$82.29	\$52.86	XXX							
99382		PREV VISIT, NEW, AGE 1-4	7/1/2005	RBRVS	\$88.97	\$60.36	XXX							
99383		PREV VISIT, NEW, AGE 5-11	7/1/2005	RBRVS	\$87.28	\$60.36	XXX							
99384		PREV VISIT, NEW, AGE 12-17	7/1/2005	RBRVS	\$95.07	\$68.18	XXX							
99385		PREV VISIT, NEW, AGE 18-39	7/1/2005	RBRVS	\$95.07	\$68.18	XXX							
99386		PREV VISIT, NEW, AGE 40-64	7/1/2005	RBRVS	\$112.11	\$83.50	XXX							
99387		PREV VISIT, NEW, 65 & OVER	7/1/2005	RBRVS	\$121.59	\$91.35	XXX							
99391		PREV VISIT, EST, INFANT	7/1/2005	RBRVS	\$63.00	\$45.37	XXX							
99392		PREV VISIT, EST, AGE 1-4	7/1/2005	RBRVS	\$70.82	\$52.86	XXX							
99393		PREV VISIT, EST, AGE 5-11	7/1/2005	RBRVS	\$69.97	\$52.86	XXX							
99394		PREV VISIT, EST, AGE 12-17	7/1/2005	RBRVS	\$77.47	\$60.36	XXX							
99395		PREV VISIT, EST, AGE 18-39	7/1/2005	RBRVS	\$78.31	\$60.36	XXX							
99396		PREV VISIT, EST, AGE 40-64	7/1/2005	RBRVS	\$86.66	\$68.18	XXX							
99397		PREV VISIT, EST, 65 & OVER	7/1/2005	RBRVS	\$95.62	\$76.00	XXX							
99420		HEALTH RISK ASSESSMENT TEST	7/2/2004	RBRVS	\$16.91	\$16.91	XXX							
99429		UNLISTED PREVENTIVE SERVICE	7/1/2003	BY REPORT	\$0.00	\$0.00	XXX							
99499		UNLISTED E&M SERVICE	7/1/2003	BY REPORT	\$0.00	\$0.00	XXX							